

Dr Daniel Consulting Rooms

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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement overall.

(Previous inspection 22 January 2019 was not rated)

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 at Dr Daniel Consulting Rooms as part of our inspection programme and to follow up on breaches of regulations from a previous inspection on 22 January 2019. We asked the provider to make improvements regarding not meeting the regulations for providing safe, effective and well-led care. We checked these areas as part of this comprehensive inspection and found some improvements had been made whilst others remained unresolved. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is an independent GP practice located in the London Borough of Westminster. Dr Alix Daniel 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.

Fifteen people provided feedback about the service. All feedback we received was positive about the service.

Our key findings were:

- Not all staff had received mandatory training relevant to their role. The GP did not have the appropriate level of safeguarding training for vulnerable adults and children.
- The provider did not have a defined set of mandatory training that staff needed to complete to carry out their role effectively.
- There governance systems in place were not always effective in overseeing risk.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Staff said that they felt happy to raise concerns or issues to the provider.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.

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

The areas where the provider **should** make improvements are:

- Review service policies to ensure they are service specific.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Dr Daniel Consulting Rooms

Dr Daniel Consulting Rooms, also known as Foresight Medical Centre, is located at 99 Harley Street, London W1G 6AQ. The building entrance lobby is accessed via two steps from the pavement. Wheelchair access is via a ramp (patients are advised of this and a member of staff is available to assist patients). The service is easily accessible by public transport and is a short walk from Regents Park Station. The provider did not offer translating services or chaperone and patients were informed of this at registration. There are approximately 6,000 registered patients. The practice team consists of a female GP principal (full-time), a part time practice manager and a part time secretary. The practice is open from 8am to 5pm Monday to Friday.

The practice offers consultations and treatment for adults 18 years and older. Services provided include: management of long-term conditions; gynaecological assessment; ECG (Electrocardiogram); blood and other laboratory tests; and vaccinations. Patients can be referred to other services for diagnostic imaging and specialist care.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Diagnostic & Screening Procedures, and Treatment of Disease Disorder or Injury.

How we inspected this service

We carried out this inspection on 19 February 2020. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor. Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from January 2019 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (GP principal and practice manager), observed practice and reviewed documents.

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 Requires improvement because:

Care and treatment were not always provided safely as not all staff were trained up to the appropriate levels of safeguarding adults and children for their roles and infection control. The building management carried out safety assessments, however the provider could not demonstrate they effectively monitored this.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- In our inspection in January 2019, we found that clinical staff and non-clinical staff were not appropriately trained for safeguarding. In this inspection, we found the GP was not trained up to the appropriate level of safeguarding adults and children for their role, as set out in Intercollegiate Guidelines for clinical staff. The practice had created a safeguarding policy and there were some details of how safeguarding concerns should be managed within the practice. We also noted non-clinical staff had not completed safeguarding training to the appropriate level for their role. (It is a requirement set out in the Intercollegiate Guidelines for non-clinical staff to be trained in safeguarding children to level two). However, we noted that the GP took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- In our previous inspection in January 2019, we found that there was a lack of systems to manage infection prevention and control (IPC) including staff not receiving IPC training and audits not being carried out to monitor and manage IPC. In this inspection, we found that comprehensive audits were being carried out by staff to manage IPC. However, staff had not received IPC training specific to their roles.
- The building's management had undertaken a legionella risk assessment of the premises and actions had been identified to be completed. However, the provider was not aware if these actions had been implemented to reduce the risk. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A chaperone service was not offered, and patients were informed of this at registration. The practice had

updated their chaperone policy, which stated that any patient requesting a chaperone are advised to bring their own or will be referred to another practice where a chaperone service is available.

- The provider told us that non clinical staff were recruited through an agency who carried out the all necessary staff checks. The provider did undertake Disclosure and Barring Service (DBS) checks where required 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).
- The building's management conducted safety risk assessments and the practice had access to these reports. There were safety policies and staff received safety information for the practice as part of their induction.
- 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 some systems to assess, monitor and manage risks to patient safety.

- The GP had received training in basic life support in December 2019. However, non-clinical staff had not received appropriate training in basic life support for their roles.
- The GP 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- There were arrangements for planning and monitoring the number and mix of staff needed. When there were changes to services or staff the service assessed and monitored the impact on safety. The service had a business continuity plan in place.

Are services safe?

- New staff underwent an induction as outlined in the practice's human resource's policy. We were told that the GP supported new staff in their role and a probationary review was carried out after three months.
- There were appropriate indemnity arrangements in place for the GP.

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 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 clinician 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.

- In our previous inspection in January 2019, we found that the provider did not have a cold chain policy in place to handle vaccines safely. During this inspection, we found that a data logger had been installed to monitor the temperature of the vaccine fridge to ensure the efficacy of the vaccines.
- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- The service carried out reviews of some of the medicines they prescribed to ensure this was in line with best practice guidelines for safe prescribing.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record. However, improvement was required to ensure effective monitoring.

- There were comprehensive risk assessments in relation to safety issues such as fire, water and general health and safety. These had been arranged by the building's management. However, the practice did not monitor and review this activity and therefore could not be assured that outstanding actions had been implemented.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and this was managed by the GP. Staff understood their duty to raise concerns and report incidents and near misses. However, the practice did not have a formal policy to describe this system.
- There were systems in place for reviewing and investigating when things went wrong. We were told there had been no significant events in the last 12 months.
- 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.
- 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 Requires improvement because:

The provider had not determined what mandatory and additional training staff needed to meet the needs of their patients and there was a lack of completed clinical audits to demonstrate improved patient 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)

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The GP 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 GP assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service used some information about care and treatment to make improvements. For example, the provider reviewed their results from blood samples at regular intervals to identify any required recalls. However, the service could not demonstrate improvements made to quality of care and outcomes for patients using completed audits. For example, the provider carried out a review of antibiotic prescribing over the last 12 months. However, there was no evidence of actions taken to implement further improvements to antibiotic prescribing in the practice.

Effective staffing

The provider did not understand the learning needs of staff.

- At our previous inspection on 22 January 2019 we found the provider had not determined what mandatory and additional training staff needed to meet the needs of their patients. At this inspection, we found that the provider had not made enough improvement in this area. There was no ongoing schedule of mandatory or additional training for staff to undertake and update, and as a result there were gaps in training records. For example, the GP had not undertaken formal training in the mental capacity act, infection control, fire safety, health and safety, equality and diversity, information governance, or appropriate safeguarding training. Non-clinical staff had not received formal training in safeguarding children or vulnerable adults, fire safety, health and safety, infection control, equality and diversity, or information governance.
- Although the provider had an induction programme for all newly appointed staff, this did not include the completion of mandatory training.
- The GP was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The GP, whose role included immunisation and reviews of patients with long term conditions, had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when making referrals to specialist consultants.
- Before providing treatment, doctors 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.
- All patients were asked for consent to share details of their consultation with their registered GP during registration.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

Are services effective?

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.

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.

- Where appropriate, staff 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 need 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.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, dignity and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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 not available for patients who did not have English as a first language. We were told that patients were informed of this at registration and some patients brought an interpreter with them.
- Patients told us through comment cards, 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.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

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 a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was providing responsive care. The service provided appointments to see doctors in short timescales, and appointment times met patient needs.

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, telephone consultations and home visits were available to patients who were unable to attend the practice.
- The practice offered a membership scheme which provided patients with greater access to appointments and services for an annual fee.
- The practice was located on the ground floor of a converted residential property which it shared with other healthcare providers. There was a consulting room, adjoining treatment room, administration office, toilet within the consulting suite, and a storage room. Patients had use of a shared waiting room and toilet facilities on the ground floor.
- The facilities and premises were appropriate for the services delivered.
- The practice was unable to offer unrestricted access for patients with wheelchair mobility needs due to the layout of the building. Patients were informed of this at registration and the practice was able to provide information about alternative accessible services.

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.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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.
- There were procedures in place for handling complaints and concerns.
- Staff told us the practice had not received any complaints in the last 11 years.

Are services well-led?

We rated well-led as Choose a rating because:

At our previous inspection, 22 January 2019 we asked the provider to send us a report of action they were going to take to meet the legal requirements of the Health and Social Act 2008, its associated regulations or any other relevant legislation. The provider failed to submit an action plan to this effect. At this inspection we found there was a lack of clarity around processes for managing risks, issues and governance arrangements.

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 at all levels were visible and approachable. They worked closely with staff and others 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 core values. The service had a realistic strategy, although there were no supporting business plans to achieve priorities.
- 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 provider acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.

Governance arrangements

There were clear responsibilities, roles and systems of accountability, however these were not effective and did not support good governance and management.

- Following our last inspection in January 2019 we asked the provider to send us a report of the action they were going to take to meeting the legal requirements of the Health and Social Care Act 2008, its associated regulations, or any other relevant legislation. The provider failed to submit an action plan to this effect.
- At this inspection we found the provider had made some improvements. For example, the provider was carrying out comprehensive IPC audits regularly and a number of the services policies had been reviewed and updated. However, there were areas where the provider had not met all the requirements from the previous inspection. For example, staff training had not been defined; not all staff had received training in IPC, fire safety, safeguarding adults and children, the mental capacity act or information governance.
- There was joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Whilst the provider had implemented new policies since our last inspection in January 2019, these policies were not always service specific and were not always being followed. For example, the IPC policy stated that all staff needed to complete IPC training every two years. However, staff did not receive IPC training.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective. For example, some staff lacked training in infection control, safeguarding and information governance. Although risk assessments

Are services well-led?

relating to the premises were arranged and managed by the building's management, there was a lack of monitoring by the practice to ensure these assessments were up to date.

- The practice had processes to manage current and future performance. For example, the GP received feedback on their referrals from specialists and performance reports from the laboratory. The GP had oversight of safety alerts, incidents, and complaints.
- Clinical audits did not demonstrate continuous improvement on quality of care and outcomes for patients.

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.
- Quality and sustainability were discussed in relevant meetings where all staff meetings.
- 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 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, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, staff told us they could always feedback during staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The GP was proactive in attending educational events to network with local clinicians and keep up to date with best practice.
- The practice website contained a health and wellbeing blog which was regularly updated by the GP.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective governance systems or processes to assess, monitor and drive improvement in the quality and safety of the services provided. In particular:</p> <ul style="list-style-type: none">• review and monitor risks identified by building management.• establish a programme of continuous audit activity to demonstrate positive clinical improvements to patients. <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found the members of staff employed by the registered provider did not receive such appropriate training as was necessary to enable them to carry out their duties. In particular:</p> <ul style="list-style-type: none">• Non-clinical staff had not received formal training that included: safeguarding children, safeguarding vulnerable adults, fire safety, health and safety, infection control, equality and diversity, or information governance.• The GP had not undertaken formal training in the mental capacity act, infection control, fire safety, health

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Requirement notices

and safety, equality and diversity or information governance. The level of safeguarding training undertaken by the GP was not at the appropriate level for their role.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.