

Aria Clinic

Inspection report

8 Welbeck Way
London
W1G 9YL
Tel:

Date of inspection visit: 9 August 2022
Date of publication: 01/09/2022

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Aria Clinic because the service had not been inspected since first registration on 24 May 2021.

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. At Aria Clinic, fertility services are provided to patients under arrangements made by the Human Fertilisation and Embryology Authority (HFEA). These services are regulated separately by HFEA and are exempt by law from CQC regulation. Therefore, at Aria Clinic, we were only able to inspect the services which are not regulated by HFEA.

Aria Clinic primarily offers private fertility services and private gynaecology services to paying patients. Gynaecology services currently make up around 30% of the practice's routine work; approximately 350 patients are seen annually.

The lead clinician 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.

Our key findings were:

- There were safe and effective systems in place to keep people safe from abuse or harm, including a comprehensive safeguarding policy and up to date staff training.
- There were adequate and effective systems in place for managing complaints, significant events and incidents, which were used to learn from and improve services.
- There was a high standard of cleanliness and infection prevention and control measures.
- Emergency medicines and equipment were well maintained.
- Staff training was up to date and well managed.
- Recruitment and induction processes for staff were comprehensive and records were well organised and maintained.
- Staff were given opportunities to complete continuing professional development courses.
- Staff recruitment and training showed a strong emphasis on maintaining provider vision and values of excellent patient service through passion, experience, teamwork, pride and positivity.
- Patients were very satisfied with the care they received.
- There was a clear focus on patient-centred care from staff.

Overall summary

- Staff involvement in the development of the practice was encouraged within team meetings and also through informal discussion with leaders.
- There was a strategy for quality monitoring and improvement.
- Staff described a safe and open culture where they felt able to approach leaders with any concerns, and enjoyed their work.

Whilst we found no breaches of regulation at this provider, the areas where the provider **should** make improvements are:

- Provision of formal chaperone and sepsis training for staff as required.
- Clear safeguarding referral instructions for staff including contact details for the local authority to be added to the safeguarding policy document.
- Consider where prescriptions are logged and filed on the electronic records system to allow for easy monitoring and auditing.
- Keep a log of actions planned and already carried out following recent Legionella risk assessment.

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. The team included a CQC specialist adviser.

Background to Aria Clinic

Aria Clinic has been operating from its purpose-refurbished premises at 8 Welbeck Way, Marylebone, London, W1G 9YL since early 2020 and offers private gynaecology treatment to paying patients. The clinic is accessible to people with physical disabilities.

It is led by one female lead clinician who sees approximately 350 patients per year. The service does not provide treatment for children under 18 years of age.

Patients can enquire online or via telephone during office hours, and patients are registered and able to book an appointment with the reception team over the phone. Consultations can be offered virtually or face to face.

The practice is open Monday to Friday 9am to 5pm.

How we inspected this service

The service was inspected on-site at the premises on Welbeck Way. A number of methods were used to gather evidence before and during the inspection: the service submitted a pre-inspection information return containing policy documents and procedures for analysis. Review of clinical notes, premises checks and staff interviews were carried out on-site on the day of inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- There were adequate and effective systems in place to keep people safe from abuse or harm.
- Staff recruitment and induction processes were well organised and maintained with a strong emphasis on patient safety and care.
- Medicines and equipment were stored and maintained appropriately.
- There were a comprehensive complaint and significant events policies in place, in addition to well-maintained logs that were used for learning and improvement.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Recruitment records were comprehensive and well-maintained.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff did not have formal chaperone training, however were able to safely demonstrate the role and responsibility of the chaperone and an appropriate chaperone policy was in place.
- There was an effective system to manage infection prevention and control.
- Legionella testing and risk assessment was carried out.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There was no formal sepsis training for non-clinical staff. The provider told us that this was because their patient group were well patients and considered very low-risk for sepsis. Clinicians advised patients regarding signs and symptoms of sepsis during and following treatment and we saw evidence of this in patient records and in updated clinical pathways.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- Appropriate risk assessments had been carried out at the premises including fire safety, health and safety, and legionella.

Are services safe?

- 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.

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.
- Some records did not contain clear documentation around discussions between the doctor and patient, for example when patients were prescribed hormone replacement therapy. This was reviewed and clarified with the provider on the day. We saw evidence that patients had been given relevant information and appropriate care.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks.
- The service had a secure electronic system that enabled upload of prescriptions that were printed as required. However, the way that prescription records were stored in patients' records did not always allow for easy monitoring and auditing. This was discussed with the provider on the day, and updated systems are now being used to facilitate prescribing audit.
- The provider has Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) and schedule 5 controlled drugs in stock for operative procedures. These were stored and monitored appropriately.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service kept comprehensive logs of any safety incidents.
- 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

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, we saw records that showed a staff member incorrectly made power adjustments to equipment that resulted in it no longer being safe to use. The incident was logged, escalated and resolved appropriately. The service introduced further training for staff and outsourced maintenance of specific equipment to a specialist company to eliminate the risk of it happening again.
- 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:

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

- There were effective systems in place to keep clinicians up to date with best practice.
- There was a programme of two-cycle audit to monitor outcomes and drive quality improvement.
- Staff worked well together and the service gave them opportunity to develop through CPD activities.

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) and Royal College of Obstetricians and Gynaecologists (RCOG) best practice guidelines.
- 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.
- The practice is relatively new and has made use of modern technology and equipment within their theatres, practice refurbishment, and patient booking systems; the potential to provide virtual consultations is also available. The practice was using out of hours telephone systems to provide nursing cover for patients who required it.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of ongoing audits. Clinical audit had a positive impact on quality of care and outcomes for patients. We saw evidence of an audit on hysteroscopy (a procedure to look into the uterus with a small telescopic camera), only one cycle had been completed and a second cycle was planned to monitor outcomes.
- There was clear evidence of action to resolve concerns and improve quality, for example an audit on the use of consent forms and information provision for patients. The practice has introduced new measures for saving consent forms to electronic patient records.
- There was an ongoing record of operative procedures carried out on patients at external service providers for monitoring and review.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had received role-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.
- 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, for example, certain operative procedures were carried out by external service providers.
- All 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.
- Staff knew how to co-ordinate with other services regarding care and treatment for patients in vulnerable circumstances if required.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.
- We reviewed five sets of patient records and found that one patient did not have appropriate consent forms documented on file. The provider told us that it was reviewing its process for consent forms following an audit and we saw evidence of this.

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 other professionals or their normal care provider for additional support, for example patients with mental health concerns that may benefit from access to counselling; or to dietetics services.
- Patients were given lifestyle advice and education, and offered extra services such as well-woman checks, cervical smear testing and histopathology and sexually transmitted infection screening where relevant.
- 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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- There was a strong emphasis on treating patients with care throughout the practice policy documents, recruitment and training processes.
- The practice received consistently positive feedback from patients.
- Patient's needs were assessed and delivered on an individualised basis.

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 available for patients who did not have English as a first language. Information leaflets were electronic therefore available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, the practice asked patients if they had any requirements at the point of registration and made adjustments on an individual basis.
- The practice did not have a hearing loop available, the practice told us this was because they have not yet seen any patients requiring use of one and that their patient group were young and generally well. The practice was able to demonstrate reasonable adjustments for patients on an individualised basis for example using alternative methods of communication, interpretation and procuring a portable hearing loop if required.

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.
- The provider had a strong focus on patient privacy and dignity within their core values and policy and recruitment/training documents.

Are services responsive to people's needs?

We rated responsive as Good because:

- The practice took patients' needs and preferences into account during service provision planning.
- Patients were able to access services in a timely way.
- The practice had an adequate complaints process in place that aimed to learn from past mistakes.

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 identifying a need for more involved pastoral aftercare and setting up informal follow up contact with nurses to achieve this.
- The facilities and premises were appropriate for the services delivered.
- Some reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others, for example wheelchair users, those with physical disabilities or those requiring carers or support persons to attend with them.

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, via secure email on the day of consultation.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place. The service demonstrated how it would learn lessons from individual concerns and complaints through comprehensive recording systems and its complaint policy. There has been no formal complaints since the service started.

Are services well-led?

We rated well-led as Good because:

- Leaders were visible and approachable, encouraging an open culture where staff felt safe, respected and valued.
- The service had a clear vision and values, along with supporting business plans to achieve their goals and promote good outcomes for patients.
- There were clear systems in place to promote good governance.
- There were systems and processes for learning, continuous improvement and innovation.

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.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and managers.

Governance arrangements

There were clear 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.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture, for example staff told us that they had been actively encouraged to give suggestions and input on service provision continuously since the initial start up.
- Staff could describe to us the systems in place to give feedback, such as in meetings, formal appraisals, or informal discussions with managers. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work for example time set aside for staff to attend continuing professional development (CPD) events.