The Whitehall Clinic

Inspection report

5 Wellington Place
Leeds
LS1 4AP
Tel: 01138334900

Date of inspection visit: 27 May and 3 June 2021
Date of publication: 25/06/2021

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 The Whitehall Clinic on 27 May 2021 and 3 June 2021 as part of our inspection programme.

The Whitehall Clinic operates as a private doctors service and offers a range of services including private GP consultations, health screening, medical weight management, dermatology, men's and women's health, and psychology and mental wellbeing support.

This service is registered with the Care Quality Commission (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 The Whitehall Clinic some services are provided to patients under arrangements made corporately by their employer or via an insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance). These types of arrangements are exempt by law from CQC regulation. Therefore, at The Whitehall Clinic, we were only able to inspect the services which are not arranged for patients by their employers or via an insurance provider with whom the patient holds a policy (other than a standard health insurance policy). In addition, The Whitehall Clinic offered a COVID-19 testing service, this too fell outside the scope of our inspection.

One of the directors of the provider organisation, The Wellington Place Clinic Limited, is the registered manager of The Whitehall Clinic. 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.

On the day of inspection we were unable to speak directly to patients in order to gather their views of the service. However, we received six comment cards from people who had used the service. All these comment cards were positive about the care and treatment received. We also viewed public feedback posted on the internet by patients with respect to the treatment and care received. This feedback showed generally high levels of satisfaction (although it should be noted that many of these comments were in respect of the COVID-19 testing service which fell outside the scope of this inspection).

Our key findings were:

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of patient support and aftercare.

Overall summary

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients.
- There were systems, processes and practices in place to safeguard patients and other people, who the service may come into contact with during the course of the delivery of services, from abuse. However, child safeguarding training for the organisation was not at the required level for all members of staff.
- Patient user outcomes were evaluated via reviews and direct feedback. The service had also developed a programme of clinical and non-clinical audit which it was implementing.
- The service shared relevant information with others health professionals with appropriate consent from the patient.
- The service encouraged and valued feedback from patients. We saw that patient feedback was generally positive.

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

- Undertake appropriate assurance checks that staff are suitable to work at the service such as via Disclosure and Barring Service checks. Records of these checks should be maintained and available for scrutiny.
- Continue to embed the clinical and non-clinical audit programme within the service.
- Whilst contact with children in the clinic was limited, the service should ensure staff have been trained to the appropriate level in child safeguarding.
- Consider the installation of secondary temperature monitoring devices in medicine storage refrigerators.

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 GP specialist advisor and a member of the CQC medicines team.

Background to The Whitehall Clinic

We carried out an inspection of The Whitehall Clinic on 27 May and 3 June 2021.

The Whitehall Clinic is an independent health care provider operated by The Wellington Place Clinic Limited. The service operates from The Whitehall Clinic, 5 Wellington Place, Leeds, West Yorkshire, LS1 4AP. The service has a web presence at www.whitehallclinic.com.

The Whitehall Clinic is registered with the Care Quality Commission to deliver the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures
- Services in slimming clinics

The service delivers a range of health and care services from a large commercial building and is accessed via a staffed reception. Parking, including parking for those with restricted mobility, is available nearby.

Services provided include:

- Private GP services
- Health screening
- Medical weight management
- Dermatology
- Men's and Women's health services
- Psychology and mental wellbeing

At The Whitehall Clinic some of the services that are provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

These services were delivered to persons who were aged 18 years and above. No services were offered to those under this age.

The service operates Monday to Friday from 8:30am to 5:30pm, and weekends 11am to 3pm.

The service began operating in June 2020, and at the time of inspection is currently building its client base.

The service is operated by two company officers who oversee and manage the delivery of services. Other staff include consultants, doctors and nurses. Non-clinical staff includes a clinic manager and reception/administration staff.

How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.
- Explored clinical oversight and how decisions were made.
- Spoke with staff either in person or via telephone interviews.
- Reviewed CQC comment cards where patients shared their views and experiences and spoke with parents of children who used the service.
- Reviewed patient feedback.

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.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider had conducted safety risk assessments for the organisation and had appropriate safety policies, which were regularly reviewed and communicated to staff. The policies 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 was aware of the need to work with other agencies to support patients and protect them from neglect and abuse. There were policies and procedures in place to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider told us that they carried out staff checks at the time of recruitment, and on an ongoing basis where appropriate, and we saw evidence to support this for the majority of staff. We were informed that Disclosure and Barring Service (DBS) checks had been 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). However, when we examined the personnel record of one member of non-clinical staff, we found that there was no evidence of the DBS certificate on the file. The provider told us that they would examine this urgently.
- Staff had received safeguarding and safety training. From our discussions with them staff knew how to identify and report concerns. It was noted though that whilst services were not offered to those under the age of 18 years old, on occasion children had accompanied parents to the clinic. With this in mind we found that some members of staff required additional child safeguarding training appropriate to their level of contact. For example, administration and reception staff needed to attain Level Two training rather than Level One.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone use was noted in the patient record by the clinician, the chaperones themselves did not record their use during a consultation.
- There was an effective system to manage infection prevention and control (IPC). The last audit had been undertaken in April 2021. We saw that the provider had checked the immunity status of staff. A Legionella risk assessment had been undertaken by the property owner on 24 February 2021.
- 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 and general health and safety risk assessments, which took into account the 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 to effectively deliver the service.
- There was an effective induction system for new staff. Staff informed us that they felt well supported by the management team when they joined the service.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They informed us that they would immediately contact a clinician or call for emergency support.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, we heard from the provider how they planned service developments, and had carried out necessary risk and feasibility assessments to support this work.
- There were appropriate indemnity arrangements in place both for individual clinicians and for the organisation.

Good

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly by staff from the service. The defibrillator was kept in the main building reception area and was available as part of the tenancy agreement.

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. For example, with the consent of the patient the provider shared information with their own GP..
- 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 ceased trading.
- Clinicians worked closely with external providers used by the service such as pathology and radiology.

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, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. It was however, noted that the storage refrigerators did not have secondary monitoring devices fitted. We discussed this with the provider who told us that they would review this.
- The service had opened fully in June 2020 and as such patient levels in some areas had been reduced due to COVID-19. The opportunity therefore to undertake detailed clinical audits had been limited. We saw though that medicine prescribing practice had clinical oversight and that a forward plan of audits had been developed for later in the year to include the management of medicines and an audit of prescribing practice.
- At the time of inspection the service did not prescribe controlled drugs. However, the service had decided that it may offer this in the future, and was in the process of developing systems to manage this if adopted.
- 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.
- There were effective protocols for verifying the identity of patients.

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 monitored and reviewed activities and incidents. 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.

- 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.

Good

Are services safe?

- 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 heard how after a complaint regarding a breach of confidentiality the service had altered working practices and improved staff awareness of the subject.
- 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 showed us that they kept written records of interactions with patients regarding concerns and complaints, and worked with them to resolve issues.
- 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. Alerts were also discussed at daily team meetings and at more formal monthly meetings.

Good

Are services effective?

We rated effective as Good because:

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. For example, the national guidance for Liraglutide was followed when treating patients for obesity issues.
- 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.
- When required the provider was able to use the services of other organisations to deliver specific aspects of care such as pathology and radiography services.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, they monitored patient feedback, incidents and complaints, and used this to support quality improvement.
- At the time of inspection the service had operated for less than a year and was still developing its patient base, in addition over this period the demand for some services had been impacted upon by the COVID-19 pandemic. As a result the opportunity for clinical and non-clinical audit had been limited. They had though undertaken some audit work in relation to laboratory handling times, record keeping and consent, and patient satisfaction. These were single cycle audits which showed overall compliance and/or patient satisfaction. We were informed that these would be repeated to become full cycle audits. We were also sent information which showed a forward audit plan for 2021 which showed additional scheduled audits planned for:
  - Medicines Management
  - Prescribing Practice
  - Treatment Outcomes
  - Control of Infection
  - Weight management

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. Staff confirmed that the induction process was clear and effective and supported their role within the organisation.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- 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.

Coordinating patient care and information sharing

Good

Are services effective?

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.
- All patients were asked for their consent to share details of their consultations and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately and had undertaken an internal audit in relation to consent practices which showed compliance.

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. For example, the service signposted patients to selected evidence based materials to support diet and lifestyle choices.
- The service was able to direct patients for additional support to their in-house psychologist if this was deemed suitable.

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.
- The service monitored the process for seeking consent appropriately and had undertaken an internal audit in relation to consent practices which showed compliance.

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. Patients were encouraged to rate their experience of using the service. This was open to view on an internet review site. Overall comments were positive regarding the care and treatment received. In addition, all of the six CQC comment cards which we received were positive in relation to the services patients had received. For example, one patient had commented that clinicians always explained what would happen to them during treatment.
- We heard from the service, and saw evidence to support this, how they had worked closely with a patient and supported them to access further treatment for a possible serious condition.
- 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 support was available for patients who did not have English as a first language. This was achieved via the use of an intranet interpretation and translation platform. The service told us that this was not used frequently. Patients were also told about multi-lingual staff who might be able to support them. For those with a hearing impairment, a hearing loop was available in the exterior reception area.
- Information disseminated to patients was easily understood, and the website clearly laid out services on offer and support available to patients.
- Patients told us through comment cards, that they felt listened to and supported by staff and able to make an informed decision about the choice of treatment available to them.
- Staff told us that they felt the service communicated with people in a way that they could understand.

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.
- Consultation rooms and patient accessible areas were well equipped to ensure privacy. For example, consultation rooms were fitted with curtains around examination beds, and external windows were masked to ensure that patients could not be identified by the passing public.

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. We heard from the provider how they delivered their service flexibly, and supported patients with urgent requests for support.
- The facilities and premises were appropriate for the services delivered.
- Patients were able to choose the length of appointments and consultations.
- Patients had the choice of how consultations were undertaken, and could access these either in person, via the telephone or online. For remote access appointments the service undertook necessary identification checks.

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 assessments, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service operated Monday to Friday 8:30am to 5:30pm and at weekends 11am to 3pm. However, the provider told us that they would consider other requests to best meet the needs of the patient if at all possible.

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. 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 a complaints policy and supporting procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw that complaints had been discussed at staff meetings and with individuals. We saw how a complaint from a patient had led to improvements in the handling of personal information and had improved security and confidentiality.

Good

Are services well-led?

We rated well-led as Good because:

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 challenges and had processes in place to address 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. Staff told us that the leadership team was approachable, and that their views were listened to.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve their priorities.
- Staff we spoke with were clear on the visions, values and ethos of the service, and fully understood their roles in the delivery of these.
- 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 and complaints. We saw evidence of this within complaint correspondence.
- The providerwas 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. As the service had not been in operation fully for a year since opening, we saw that not all staff had received an annual appraisal. We saw though that these had been planned to be carried out in the near future. We heard from staff and the leadership team that the service ensured that training and development needs were discussed regularly, and that staff could request training if required. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service 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 teams.

Governance arrangements

Good

Are services well-led?

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 and joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety, and assured themselves that they were operating as intended. Policies, processes and other key documents were available on a shared access area of the service's computer system. This area was well laid out and could be clearly navigated.
- The provider told us that they were in the process of establishing a Clinic Advisory Board. This aimed to be an independent body which would review organisational governance. It was planned that the Board would include a patient/lay member and oversight of:
  - Quality
  - Finance
  - Performance
  - Risk

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 oversight of consultations, prescribing and other clinical decisions. These performance monitoring processes were being enhanced with the wider roll out of clinical and non-clinical audit across the organisation as services became established.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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 improve performance. Performance information was combined with the views of patients.
- 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.
- 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, the public, staff and external partners to support high-quality sustainable services.

Good

Are services well-led?

- 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. For example, patients were asked to give their views on the care and treatment they had received after each interaction with the service.
- Whilst the current level of clinical audit had been limited due to patient throughput and the impact of COVID-19, were saw that some improvement and review work had been undertaken and a programme of clinical and non-clinical audits had been developed for the near future.
- Staff could describe to us the systems in place to give feedback. Staff told us that the leadership team was visible and approachable, and that if they had occasion to raise issues they felt that they would be listened to.
- Staff held short daily meetings when they were able to plan for the day and raise concerns. In addition, there were longer monthly meetings when key developments and issues were discussed. This had a fixed agenda and discussed items such as patient safety alerts, and complaints. Meeting minutes were available on the shared computer system.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The leadership team told us that quality service improvement was important to the development of the service.
- 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.
- Whilst the current level of clinical audit had been limited due to patient throughput and the impact of COVID-19, were saw that some improvement and review work had been undertaken and a programme of clinical and non-clinical audits had been developed for the near future.