

# Artemis Cystitis

## Inspection report

10 Harley Street,  
London  
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Date of inspection visit: 17 August 2022  
Date of publication: 12/09/2022

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/focused inspection at Artemis Cystitis on 17/08/2022. This was a first rated inspection for the location under the current CQC inspection methodology. The service was registered with the Care Quality Commission (CQC) in August 2019. During this inspection we inspected the safe, effective, caring, responsive and well led key questions.

Artemis Cystitis (also known as The Harley Street Clinic) is an independent consultant led service located in Harley Street, London. The service manager 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.

The service is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and Screening procedures.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

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

- Implement a system of photo identification for verifying the identity of people when conducting online consultations.
- Consider extending quality improvement activity to include a programme of clinical audits.
- Keep the business continuity plan under review so that all reasonable scenarios and any alterations in the situation can be addressed.

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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 specialist adviser.

## Background to Artemis Cystitis

Artemis Cystitis is located at 10 Harley Street, London, W1G 9PF in the London borough of Westminster and is an independent health consulting doctor service. The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury, and diagnostic and screening procedures.

The service is primarily a consultant led service for adults only, attending for treatment of chronic Urinary Tract Infections (UTIs). There are five clinicians who work at the clinic. The main treatment is prescribing of treatment dose anti-biotics on a long-term basis to manage the symptoms of cystitis. Patients can self-refer or be referred by other health professionals for consultations.

The service does not provide services for the management of long-term conditions such as diabetes and hypertension. The clinic has an onsite point of care testing (POCT) laboratory for testing and analysis of urine samples and offers microscopy. (Microscopy is when a sample of fresh urine is dropped onto a plate for immediate analysis under a microscope). The service does not carry out phlebotomy or test blood samples.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

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

We carried out an announced comprehensive inspection at Artemis Cystitis on 17 August 2022. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor. Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff, 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 Good because:**

## **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 including locums. They outlined clearly who to go to for further guidance. The service supplied evidence of completed health and safety risk assessment completed by the landlords including fire safety checks.
- 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 service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- On the day of the inspection, we noted that two staff were overdue in completing adult safeguarding training. This training was completed by the two staff members following our inspection. All other staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The organisation had undertaken infection control audits and had introduced specific policies and protocols to mitigate risk for patients attending during the COVID 19 pandemic. The service had a hand hygiene policy and staff had completed infection prevention and control training.
- During the inspection, we inspected the on-site testing laboratory. The laboratory had standard equipment in place, health and safety signs, clinical and general waste disposal bins and sharps bins. A body spillage kit was in place and an eye wash station. The clinic had preventative measures in place to protect clients from any cross infection including PPE and hand hygiene products. Urine samples were sealed in a special container for collection and disposal.
- A legionella risk assessment had been carried out on 29 July 2022, which did not identify any hazards to be actioned.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Staff showed us a copy of a certificate of compliance for microbiological testing of the laboratory. The service employed a specially trained healthcare professional to do on site point of care testing (POCT). All staff who tested urine samples followed the service's decontamination protocol. There were systems for safely managing healthcare waste. All clinical waste was labelled and stored in a locked room outside the building.
- 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 agency staff tailored to their role.
- Staff 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

# Are services safe?

- The service did not stock medicines to deal with medical emergencies. Staff showed us a risk assessment they had carried out regarding the decision not to stock emergency medicines. Staff told us that they do not administer any form of treatment or perform any procedures that could lead a patient to collapse. There were two defibrillators (AEDs) on site and the service had risk assessed the decision not to stock oxygen. The clinicians had completed mandatory training in basic life support (BLS) and there were trained first aiders on site during opening hours. Staff would advise patients to go to an emergency centre if they were thought to have an acute infection or sepsis. There was a dial 999 policy in the event of an emergency.

## 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. Patients who had registered with the service were requested to complete a comprehensive medical history form and provided a urine sample which was tested on the premises. Once tested, the results were analysed by a clinician and discussed with the patient. A treatment plan was generated from the clinical record system, in discussion with the client. A clinical summary was sent to the client and one to their 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 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 and emergency equipment minimised risks. Prescriptions were generated electronically and were monitored.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider used a pharmacy service to issue prescriptions. The pharmacy operated a secure electronic prescribing system developed for private practice and the pharmacy worked with Artemis Cystitis to ensure safe prescribing of anti-biotics, monitoring dosage and frequency of medication and safe delivery of medication to the client.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.
- The service did not have a protocol for checking and verifying a patient's identity (ID). New patients were required to complete a registration form. We discussed this with the service, who said they would implement an ID protocol to verify a patient's identity.

## Track record on safety and incidents

### The service had a good safety record.

# Are services safe?

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

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- 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. Staff described examples when lessons learned have been shared with the clinic team.
- 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.
- There was a process to manage patient safety alerts. The service manager and all clinicians received alerts directly by email and would act where necessary. All clinicians were members of the Independent Doctors Federation (IDF) and received alerts and guidance updates, although there was no mechanism in place for checking whether all members of the team had read and acted on alerts.

# 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).**

- In most cases, patients who used the service had already tried standard treatment as recommended in national guidelines. The nature of the treatment provided by the Artemis Cystitis clinic meant that clinicians may not be following the standard guidance as it had not worked for a patient. Service clinicians told us that on average their patients had tried treatments for approximately six years before coming to the service. Any deviation from standard guidance and protocols was explained to patients when they registered with the service and an information pack was sent to the patient highlighting that treatment they receive was evidence-based. Staff told patients to contact the clinic if they experienced any side effects from medicines prescribed and staff ensured regular monitoring and follow-up of patients.
- 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.
- Arrangements were in place to deal with repeat patients. For example,
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. We asked the service to tell us about what action is taken to make improvements. The lead clinician at the service undertook regular reviews of the clinical records system to monitor treatment protocols. They looked at data pulled from the clinical records system to ensure that the care provided by clinicians at the service was in line with best practice guidelines.
- The service had not undertaken any formal clinical audits but there was evidence of action to improve quality of care for patients. For example, staff had carried out a data review on side effects from antibiotic medicines. If a regular side effect was noted on reviewing the data from the clinical record system, staff could inform patients of the side effect in advance and advise patients about what to watch out for and contact the clinic if it developed.

## **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) 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. Staff were encouraged and given opportunities to develop.

# Are services effective?

- Staff 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, staff invited a menopause specialist to the service's monthly Multi-disciplinary Team (MDT) meeting to discuss how to better help menopausal patients with chronic UTI conditions. Two of the clinicians at the service also attended the national complex UTI MDT meetings and they provided feedback from these national meetings to the rest of the team.
- 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 and any medicines prescribed with their registered GP on each occasion they used the service. Service staff told us that if new patients declined consent to share information with their GP, the patient would not be registered, and staff would signpost the patient to other support. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. Service clinicians told us they maintained good communication with patients' GPs because some of the treatment regimens did not generally follow standard guidelines (as they are used when standard guideline treatments are not working for the patient). Staff showed us the clinical records system which generated a letter after every consultation, sending a copy to the GP and to the patient. When a prescription was issued, the patient's GP was notified electronically.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.

## **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. For example, clinicians told us that if the urine analysis identified any abnormal cells which may indicate cancer, they would ask the patient's GP to organise a two week wait referral.
- 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.**



## Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The service had a consent policy. If consent was not given, then patient could not continue to use the service. The service told us that if a person lacked capacity, a best interest meeting would take place with a family member, carer or responsible person, to reach the right decision for the patient.
- 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.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. The service had surveyed patients and analysed the feedback questionnaires which showed that overall, patients were satisfied with the service.
- 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 told us consultations were conducted in private and a chaperone could be requested although no invasive examinations took place.
- 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff 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.

# 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 clinic had developed a range of information and support resources which were available to service users.
- The Artemis Cystitis service did not have its own website. However, we saw that information about the service was available online through a chronic UTI information website which contained clear information regarding the services available, including fact sheets for patients' family and friends, to help them understand the differences between an acute urinary tract infection (UTI) and a chronic urinary tract infection.
- The service had delivered online podcasts and videos which provided advice to patients.
- The facilities and premises were appropriate for the services delivered.

## **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. The clinic operated a 24-hour email service for patients to use, seven days a week which was checked every day. Patients could email the service with any concerns and the duty clinician would respond accordingly. There were also evening clinics and Saturday appointments available.
- 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. 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Staff analysed patient feedback to check on the effectiveness of the service. After each consultation, the clinical system generated a feedback form sent to all patients.

# 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 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 planned for the future leadership of the service. Leaders told us they had worked to support the management team to develop leadership capacity and skills following the death of the service's clinical lead and founder in February 2022.

## **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 and external partners (where relevant).
- 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 and complaints. 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. Healthcare professionals working at the service 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.
- 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 teams.

## **Governance arrangements**

# 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, 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. The provider has systems in place to ensure safe and secure storage of patient records and these were backed up and held on a cloud based encrypted system.

## **Managing risks, issues and performance**

### **In the main, 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. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. However, at this inspection, there was no business continuity plan document available for us to look at. The service provided us with a copy of the business continuity plan which was subsequently created and sent to us.

## **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, staff and external partners to support high-quality sustainable services.**

# 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.
- Staff could describe to us the systems in place to give feedback. 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 was evidence of 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, the clinical leads organised meetings to brief the staff team about updates from the national complex UTI Multidisciplinary Team Meetings (MDT) and updates from their own Lower Urinary Tract Symptoms Clinic (LUTS) held at the NHS Whittington Hospital in North London and from their ongoing research into UTIs with University College London.