Dr. Nolan Wengrowe

Dr Nolan Wengrowe - Golders Hill Health Centre

Inspection report

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Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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 service was previously inspected in March 2018 when it was found to be meeting requirements for all domains.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

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 Dr Nolan Wengrowe - Golders Green Health Centre on 5 June 2019 as part of our ratings inspection programme for Independent Health Providers.

At this inspection we found:

Summary of findings

- The provider's system to manage supplies of clinical consumables did not always help to keep people safe.
- There was no process in place to ensure all patients were asked to provide photographic or documented proof of their identity and there was no process in place to ensure people attending the service with paediatric patients had legal authority to do so.
- Care and treatment was delivered in accordance with evidence-based guidelines although quality improvement activity was limited.
- Patients were treated with kindness, respect and compassion. Their privacy and dignity was respected and they were involved in decisions about their care and treatment.
- Services were organised and delivered to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a culture of high-quality, sustainable care. The service encouraged feedback from patients

The area where the provider **must** make improvements as they are in breach of regulation is:

- Ensure care and treatment is provided in a safe way to patients.

Please see the final section of this report for specific details of the action we require the provider to take

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

- Consider putting arrangements in place to ensure staff checks, including Disclosure and Barring Service checks, remain valid.
- Ensure planned actions to bring about improvements around infection prevention and control are followed through.
- Follow through with a programme of quality improvement activity to measure the impact of actions taken and to continue identifying areas where improvements can be made to the care and treatment provided.
- Consider arrangements in place to record patient consent to care and treatment with a view to recording written consent.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dr Nolan Wengrowe - Golders Hill Health Centre

Detailed findings

Background to this inspection

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and was attended by a CQC clinical fellow who was observing the inspection process.

Dr Nolan Wengrowe – Golders Hill Health Centre is a private doctor service located in North London at 151 North End Road, London, NW11 7HT. The provider offers a pre-booked private doctor service.

The service is made up of three GPs and four non-clinical members of staff. The service premises consist of one consultation room within a privately owned medical centre. The service is open from 8am to 6pm Monday to Friday.

The service is registered with CQC to undertake the regulated activity of Treatment of Disease, Disorder or Injury. The service was accessed by more than 4,000 patients in the last 12 months. The service provides childhood vaccinations, travel vaccinations and is a Yellow Fever vaccination centre.

Requires improvement

Are services safe?

Our findings

We rated the service as requires improvement for providing safe services because:

Although there were some systems to keep people safe, these were not always effective. For instance, there was no process in place to record and monitor expiry dates on clinical consumables. We also found the provider did not have a process in place to confirm the identity of people using the service or to ensure people attending the service with paediatric patients had legal authority to do so.

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse, but these were not always effective, and we found areas where improvements could be made.

- There was no system in place to monitor expiry dates on single use items. For instance, when we looked in a cupboard used to store clinical supplies, we found one box of sterile dressing pads with an expiry date of December 2017, two boxes with expiry dates in March 2019, and a further four boxes which had expiry dates in April 2019. In addition, when we looked at supplies in the main consulting room, we found a box of blood test collection tubes as well as masks for use with medical gases and nebulisers which were past their expiry date. During the inspection, the provider provided us with an email from a supplier which included information about a logistic error which meant it had delivered products with a very short shelf life in error, however, this only referred to a limited amount of the items we found. The error had not been identified by the provider and the products had been placed into the storage cupboard for use. We noted the provider removed all products where the expiry dates had passed and set these aside for disposal.
- There was a system to manage infection prevention and control but we found areas where improvements were needed. For instance, there were systems for managing healthcare waste, but we found one of two clinical waste bins stored at the side of the premises was unlocked and accessible to the general public because it was adjacent to an unlocked gate. The unlocked bin contained four orange clinical waste bags. The provider told us the bin was faulty and had already been reported to its waste contractor and a replacement bin was awaited. We also noted the handwashing sink in the clinical room was equipped with domestic taps which had separate, hand operated hot and cold taps. The provider told us they used paper towels when turning the taps in order to mitigate the risk of cross contamination.
- The provider carried out staff checks at the time of recruitment. However, we found there was no protocol to repeat Disclosure and Barring Service checks (DBS) for long serving staff to ensure checks remained valid and the provider had not assessed the risk associated with this decision. For instance, we looked at the personnel file for one non-clinical staff member and found although there was evidence of a DBS check undertaken when they were initially recruited in 2012, the check had not been carried out again to ensure it remained valid. We noted valid DBS checks were in place for clinical staff members. 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.
- Staff who acted as chaperones were able to describe how to carry out the role to a satisfactory standard although no formal training had been provided. Staff undertaking the role had received a DBS check. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- 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 conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Requires improvement

Are services safe?

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 system in place for dealing with surges in demand.
- There was an effective induction system for temporary 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. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- When patients registered with the service, they were asked to verbally confirm their name, address and date of birth. These details were also verbally confirmed when patients attended their appointments. However, the provider did not have a process in place to request or record photographic or documented proof of their identity. The GP was not able to confirm with certainty each patient was who they claimed to be. In addition, there was no process in place to ensure people attending the service with paediatric patients had legal authority to do so.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. We noted however, the fittings in place on a medical gas cylinder were overdue for replacement. The provider reported this to their supplier on the day of the inspection.
- The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out medicines audits with a view to ensuring prescribing was in line with best practice guidelines for safe prescribing.
- Although we found staff generally prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, we looked at a recent prescribing audit and noted five instances where a GP had prescribed a medicine to treat urinary tract infections which is no longer recommended as a first line of treatment. We discussed this with the principle GP and were told clinicians would be reminded of prescribing guidelines and a second audit cycle of the urinary tract infection prescribing audit would be undertaken to identify the impact of this action.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The provider maintained a stock of over-the-counter medicines which were available for purchase by patients. Arrangements for storing and selling these medicines kept patients safe.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

Requires improvement

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.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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. Although the provider had not recorded any significant events within the previous twelve months, the principle GP could describe how the service would learn and share lessons, identify themes and take action to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services because:

- Clinicians assessed needs and delivered care and treatment in line with current legislation and had the skills, knowledge and experience to carry out their roles.
- Staff worked together well and worked well with other organisations to deliver effective care and treatment.

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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- The service used medical record software to manage patient records which meant clinicians had instant access to medical records to support repeat patients. The patient record system could also identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was evidence the provider had undertaken quality improvement activity to review the effectiveness and appropriateness of the care provided, for instance we saw evidence of audits of prescribing for urinary tract infections and high cholesterol. We discussed the provider's plans for further quality improvement activity and were told further audit cycles of prescribing for urinary tract infections were planned to measure the impact of actions taken to ensure prescribing was consistently in line with national guidelines.

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. This covered such topics as infection prevention and control and referral pathways.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.
- 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.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- The service ensured care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments.

Helping 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.

- The provider identified patients who may be in need of extra support such as through alerts on the computer system.
- Where patients' needs could not be met by the provider, staff redirected them to the appropriate service for their needs. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Staff discussed changes to care or treatment with patients and their carers as necessary

Consent to care and treatment

The service obtained verbal consent to care and treatment.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Our findings

We rated the service as good for caring because:

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The provider could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The provider respected patient's dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. This was is in line with feedback from six patients we spoke with on the day of the inspection.
- The provider had undertaken a patient satisfaction survey in February 2018 in which 25 forms were issued, of which 21 were returned. One hundred percent of respondents said they thought the clinician was polite.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language although the provider told these were rarely requested.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- One hundred percent of patients responding to the satisfaction survey carried out in February 2018 said their conditions were explained to them in a way that was understandable, and they felt involved in decision making about their care

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services because:

- The provider met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the provider within an appropriate timescale for their needs.
- The provider had a process in place to take complaints and concerns seriously and respond to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For instance, there was no limit on how far in advance an appointment could be booked and patients wishing to see a female clinician could do so.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use the service on an equal basis to others. For instance, parking for people with disabilities was available at the rear of the premises and the reception area and consultation room were on the ground floor.
- The service was responsive to the needs of people in vulnerable circumstances, for instance, the provider was aware of a patient who was unable to visit when the waiting room was busy and ensured this person's appointments were either the first or last of the session.
- The provider offers a range of children's vaccinations as well as travel and occupational vaccinations and ensured clinicians had received up to date training and had access to appropriate guidance.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Telephone consultations were available which supported patients who were unable to attend during normal opening hours.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

- Appointments were available from 8am to 6pm Monday to Friday. Patients booked appointments by phone and had access to home visits and direct access to the principle GP by pager 24 hours a day, every day of the year.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- The service had cover arrangements in place with two local GPs for annual leave and sickness.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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 provider's strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in North London.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were 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 including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance but there were areas where improvements could be made.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found the service did not have an effective process to monitor the expiry dates of consumable products, including sterile dressings and blood test tubes.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- We saw evidence of clinical audit activity and were told a programme of follow-up activity was in place to measure the impact of actions taken to bring about improvments in care and outcomes for patients.
- The providers 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 sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used information technology systems to monitor and improve the quality of care. For example, we saw evidence patient notes were used on the clinical system to identify vulnerable patients.
- 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.

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider had carried out a patient satisfaction survey in February 2018. Twenty-five forms had been issued, of which 21 had been returned. The provider told us patients had responded by indicating 100% satisfaction for every question asked.
- Staff were able to describe to us the systems in place to give feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. The manager told us that the provider and staff at this location consistently sought ways to improve the service. There was a strong focus on multi-disciplinary team working and the service had a network of consultants available for specialist advice.

The service had made use of IT services to offer every patient the opportunity to feedback following consultations including an annual patient survey.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider did not have a system in place to monitor expiry dates on single use items which meant there was a risk items could be used when their effectiveness could not be assured. • There was no process in place to ensure all patients were asked to provide proof of identity and there was no process in place to ensure people attending the service with paediatric patients had legal authority to do so. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014