Nolan Wengrowe

Dr Nolan Wengrowe - Golders Hill Health Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We reviewedtwo CQC patient comment cards both of which were positive about the service provided. The comment cards stated that they received a high standard of treatment and staff were caring.

Our key findings were:

- There were systems in place for acting on significant events and complaints.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Staff had received essential training and adequate recruitment and monitoring information was held for all staff.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?
We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?
We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?
We found that this service was providing well-led care in accordance with the relevant regulations.

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Detailed findings

Background to this inspection

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 two 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 3,800 patients in the last 12 months. The service provides childhood vaccinations, travel vaccinations and is a Yellow Fever vaccination centre.

The inspection was undertaken on 22 March 2018.

Prior to the inspection we reviewed information requested from the provider about the service they were providing.

During the inspection we spoke with one GP and one member of non-clinical staff, analysed documentation, undertook observations and reviewed completed CQC comment cards.

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?

Our findings

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The clinic had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the clinic and the process for reporting and taking action in response to concerns. Community safeguarding contact information was available on a poster in the reception area. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Clinical members of staff had completed level 3 safeguarding training. Non-clinical members of staff had completed an awareness course to level 1.
- The clinic had systems in place to ensure action was taken in response to safeguarding incidents and we saw one example where action had been taken by staff in response to safeguarding concerns.
- There were alert messages on the patient record system which flagged vulnerable adults and children at risk.
- The provider had systems in place for checking the identity of patients attending the service; including protocols to ensure adults with the parental responsiblity gave consent for treatment to children.
- The provider had carried out staff checks including checks of professional registration where relevant, on recruitment, and on an ongoing basis. 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.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- We found the premises were clean and tidy. The clinic had daily and weekly cleaning schedules in place and a recently reviewed infection control policy. A sink and hand wash facilities were in the rooms. The clinic used single use instruments, sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred were available. The practice had a system in place for the safe removal of clinical waste.
- The clinic had a system in place to ensure that staff did not handle clinical specimens.
- The clinic was located in a private medical centre and the provider had obtained risk assessments of the whole building to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. In addition, they had carried out a premises risk assessment for the specific clinic area.

Risks to patients

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had completed basic life support training.
- The clinic had a supply of oxygen and a defibrillator to use in an emergency. The clinic had a process in place to check these regularly to ensure they would be available in an emergency.
- The provider held some medicines to treat medical emergencies they were likely to face and we saw these were in date and stored appropriately.
- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Information to deliver safe care and treatment

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. This included test and imaging results, care and risk assessments, care plans and case notes.
- The provider obtained patients NHS GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- The doctors provided patients with a copy of any referrals to secondary care or to the patients GP.
- Staff provided patients with information about the cost of the services; clear information about the service cost was listed in reception and staff make customers aware of the cost of appointments at the time of booking.

Are services safe?

Safe and appropriate use of medicines

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

- One type of controlled drug was kept for home visits; the storage of the controlled drug did not meet the requirements for permanent storage. The provider took immediate action and had the controlled drugs destroyed and provided a certificate of destruction as evidence. The provider told us that controlled drugs would no longer be held by the service.
- Staff stored medicines in two locked cupboards and had a stock control system in place that staff carried out weekly.
- The doctors generated private prescriptions from a patient computer record system. They dispensed some medicines directly to the patient. Staff followed a protocol that included the printing of a medicine label. The label contained the name of the patient, the dosage and the name of the provider and contact telephone number. Patients received information about the medicines.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The clinic did not prescribe high-risk medicines that required the long-term monitoring of patients unless there was a shared care arrangement in place with the patients GP or hospital consultant.

Track record on safety

The clinic had a good safety record.

- The provider owned the premises; and completed annual fire risk assessments.
- The provider had evidence to show the fire safety equipment had been checked by an outside agency. Information was available about what to do if a fire occurred and staff had completed fire safety training.

Lessons learned and improvements made

- The principle GP understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a system in place for recording and investigating significant events; the provider had reported one significant event in the last 12 months. Staff we spoke with on the inspection all knew the process for reporting a significant event. We saw an example of an incident that had been recorded including evidence of learning outcomes and action taken. For example, we reviewed an incident regarding a patient who was given an incorrect medicine, the patient was not harmed and the service changed protocols to ensure a repeat incident did not occur.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls, and rapid response reports issued by the Medicines & Healthcare products Regulatory Agency (MHRA). We saw evidence that the provider reviewed patient safety alerts and considered which were applicable to the service.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. Staff had access to working links for the most recent NICE guidance including sepsis guidance.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. We saw evidence that reviews were undertaken of consultation notes for each clinician to ensure that consultations were safe, based on current clinical guidance.

The service had systems in place which covered the use of the clinical system, pathology management, managing recalls for repeat investigations, codes and costs for the most common investigations and information on correspondence pathways. Pathology results were usually returned within six hours.

There was evidence of quality improvement, for example three clinical audits were conducted, two of which were completed two-cycle audits. One of the second-cycle audits showed an improvement in the patients on thyroxine being appropriate tested for thyroid levels.

Effective staffing

The provider had an induction programme for all newly appointed staff. There was role specific inductionprogrammes in place.

Online training including: basic life support, fire safety, health and safety, infection control, safeguarding and information governance would be completed on induction.There was a training matrix in place to identify the training staff had completed and when a training update was due.

Clinical staff had completed clinical updates relevant to the patients they consulted with including updates in travel vaccines and childhood immunisations.

We were told that appraisals were held annually for non-clinical staff. Appraisals undertaken for the General Medical Council were stored with clinical staff files.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP. If patients agreed we were told that a letter was sent to their registered GP.

If patients required urgent diagnostic referrals they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation. We saw evidence that the provider shared concerns with patients GP such as a patient with complex needs whose GP needed to be informed in order to coordinate the most effective care approach.

All test results were sent to patients by e-mail; however where results showed abnormalities the patient would be contacted by a GP via telephone.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients with same day test results in most cases. If the provider was unable to provide a service a patient required they would refer them to other services either within the private sector or NHS.

Consent to care and treatment

There was clear information available with regards to the services provided and all associated costs. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Written consent was required for all patients requesting a letter for visa applications and insurance.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received49 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments specifically mentioned a high standard of care and treatment.

The service sought patient views annually through a patient survey, the most recent findings were in line with the positive comments we received from patients about the service.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

The majority of feedback from the service's own survey indicated that patients felt listened too and involved in decisions made about their care and treatment.

The service did not have a hearing loop and staff told us they would also use written communication for patients who are hard of hearing.

Privacy and Dignity

- The provider respected and promoted patients' privacy and dignity.
- Staff we spoke with recognised the importance of patients' dignity and respect.
- The practice had systems in place to facilitate compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations

Responding to and meeting people's needs

The service was set up to provide GP services at a convenient North London location. The provider made it clear to patients what services were offered and the limitations of the service. If a patient attended the service and the provider did not provide what the patient required they were referred to another service either within the private sector or the NHS.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

The service promoted multi-disciplinary team working had access to a network of specialist consultants.

Timely access to the service

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. The service had cover arrangements in place with two local GPs for annual leave and sickness. Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.

We saw evidence that the provider was responsive to patient feedback. For example, patients commented that they did not always get called into consultation at their appointment time and were not informed by staff that the GP was running late. The service responded by changing protocol when clinics were running behind. GPs would personally greet waiting patients and inform them of how long the wait would be.

Listening and learning from concerns and complaints

The provider advertised its complaint procedure in reception and dissatisfied patients could feedback to any member of staff at the service. There was a lead for complaints and a policy outlining the complaints procedure.

Staff told us that they had taken action in response to complaints. The service had a practice specific complaints policy however there were no complaints for us to review from the last 12 months.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulation.

Leadership capacity and capability;

- Leaders had the capacity and skills to deliver high-quality; sustainable careand we saw evidence of effective governance systems.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider had a clear vision and 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 an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values. We saw evidence of this during our inspection which included support and training for the member of staff.
- Staff were supported to meet the requirements of professional revalidation through continuing professional development sessions and access to a network of specialist consultants.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff members had received equality and diversity training.
- There were positive relationships between staff.

Governance arrangements

There was evidence of effective governance systems in place.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service.
- The practice had processes to manage current and future performance. For example, practice leaders had oversight of MHRA alerts and significant events.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place for major incidents and all staff had received fire and basic life support training.
- The systems used to identify, understand, monitor and address current and future risks were effective.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability of care were priorities for the provider.
- 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 practice 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.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The practice took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could feedback about the service and we saw that the provider had taken action in response to patient feedback. For example, provided children's toys in the patient waiting area and consultation room.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. 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.