

The London Road Clinic

Inspection report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The London Road Clinic as part of our inspection programme. This was the first inspection of The London Road Clinic.

The London Road Clinic provides care for ear, nose, throat and balance related disorders.

The clinic 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.

90 people provided feedback about the service during our inspection. Almost all patients were very positive regarding the standard of care they received from staff at the service.

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 treated patients with kindness and respect and involved them in decisions about their care.
- The practice organised services to meet patients' needs. Patients could access care and treatment in a timely way. This had continued during the Covid-19 pandemic.
- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.

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

- Implement regular prescribing audits.
- Undertake regular monitoring of the reporting of near misses.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included another CQC inspector and a specialist advisor.

Background to The London Road Clinic

The London Road Clinic Limited is registered with the Care Quality Commission to provide services from 96 London Road, Leicester, LE2 0QS.

The provider, The London Road Clinic Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from the location.

The London Road Clinic provides care for ear, nose, throat and balance related disease, disorders or injuries. Clinical staff also work within the local NHS and private hospitals.

Patients are seen on an appointment basis Monday to Friday 09:00 – 17:00 with late opening until 21:00 on Wednesdays for elective care not emergency care.

The main workforce consists of four consultant Ear, Nose and Throat (ENT) surgeons, two nurses, audiologists, clinical assistants, administrative staff and the clinic manager. The service is located close to Leicester Railway Station and is located on bus routes. Patient treatment rooms are on the ground and first floor and there is an accessible disabled toilet and baby changing facilities available. There are some parking spaces available by prior arrangement.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the provider prior to the inspection taking place.

During the inspection:

- we spoke with staff
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- All staff had received up-to-date safeguarding and safety training to the appropriate level for their role. Staff knew how to identify and report concerns and appropriate policies and procedures were in place to support them. Two safeguarding leads were in place. Staff who acted as chaperones were trained for the role, their competencies were assessed and they had received a DBS check.
- There was an effective system to manage infection prevention and control. Regular checks of the environment took place to identify infection control risks and monitor cleanliness. The premises were clean and well-maintained; however, some minor infection control issues were seen during the inspection visit concerning sharps bins and some minor premises improvements were also identified. The clinic manager responded promptly and actions were taken to minimise risks. The service had robust procedures in place to minimise the risk of Covid-19 infection. Patients commented on how safe they felt when visiting the service as a result of these precautions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Measures were in place to assess and minimise the risk of legionella.
- The provider carried out appropriate environmental risk assessments, which considered 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. Staff told us that they were able to cover each other in the event of staff holiday and/or sickness.
- There was an effective and detailed induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Patients had access to a 24-hour contact number following a surgical procedure at the service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place which include professional indemnity for the clinical staff.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We found one medicine that was out of date and this was immediately removed by staff. An alternative was already in stock.

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.
- 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, including emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service had not carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The lead clinician monitored the performance of the other clinicians, but no specific prescribing audits were carried out. The clinic manager confirmed that the implementation of prescribing audits would be discussed at the service's next clinical governance meeting in October 2021.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed 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.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and confirmed that they would be comfortable doing this. However, no significant events or near misses had been reported. While we saw no evidence of significant events, staff confirmed that there would have been some events that could be defined as near misses. During our inspection, the clinic manager reviewed the policy and emailed all staff to encourage the reporting of near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Good because:

- Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Two of the service's clinical directors are Medical Advisory Committee chairs at local private hospitals and we were told that information on national guidance was cascaded to the London Road Clinic. Another of the service's clinical directors is president of British Society of Otology and contributes to national guidance which they also cascade to the service.
- 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. Patients were offered a range of appointments to support continuity of care where appropriate.
- Staff assessed and managed patients' pain where appropriate.
- Staff told us that they carried out balance testing which is not currently available in any other private facility in Leicestershire and is carried out by experienced scientists.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The service was participating in a national audit/research project of the effectiveness of treatments for patients with Meniere's disease.
- Staff also shared practice in the quarterly clinical governance meetings and in their roles at local NHS and private hospitals.

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 Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Are services effective?

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. Regular clinical record audits took place which included a review of consent documentation.

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients were contacted after each appointment and invited to feedback on the service provided.
- Feedback from patients was very positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in braille, large print and other languages and during the inspection the clinic manager sourced easy read formats, to help patients be involved in decisions about their care.
- Patients commented 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 or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available. The clinic manager was learning British Sign Language with plans to make the training available more widely to staff.

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.
- Patients commented that their privacy and dignity were respected by staff.
- Consultation and treatment rooms were arranged to ensure that patients' privacy and dignity could be protected by staff.

Are services responsive to people's needs?

We rated responsive as Good because:

- The practice organised services to meet patients' needs. Patients could access care and treatment in a timely way. This had continued during the Covid-19 pandemic.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Staff told us that they noticed an increased level of patients suffering from tinnitus so were working with one of their audiologists to offer an additional tinnitus therapy clinic to support the increased demand for this service.
- They also told us that they have found there to be an increased need for providing individually customised therapy to include vestibular rehabilitation, clinical hypnotherapy, mind coaching depending upon the patient's requirements and preferences and needs. One of the service's audiologists had expanded their practice to offer a holistic approach for patients with vestibular disorders who were struggling with issues involving stress or anxiety.
- 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 services on an equal basis to others. Consultation and treatment rooms were available on the ground floor and wheelchair access was possible in all ground floor patient areas. A hearing loop was also in place.

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.
- 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. This included a specific young person's complaints leaflet. 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 and information provided to patients about their care. We saw that responses to complaints were timely and appropriate.

Are services responsive to people's needs?

- The provider's complaints policy and patient information referred to an incorrect organisation for patients to contact if unhappy with how the provider had responded to their complaint. During the inspection the clinic manager amended the policy and patient information to show the correct details and also applied to join the Independent Sector Complaints Adjudication Service (ISCAS). ISCAS provides independent adjudication on complaints about ISCAS subscribers and is a voluntary subscriber scheme for independent healthcare providers.

Are services well-led?

We rated well-led as Good because:

- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.

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. Staff confirmed this.
- 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 service's mission statement was, 'The London Road Clinic will provide high quality, evidence-based medicine to the general population by experienced ENT surgeons in a relaxed professional environment. Every patient, visitor and staff member will be treated with dignity and respect, as an individual in a friendly relaxed, supportive and highly confidential manner.'
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff acted in line with the service's vision, values and strategy.
- 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. A whistleblowing policy was in place.
- 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. An additional discussion had also taken place to support staff during the Covid-19 pandemic.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. A stress assessment had taken place and an action plan was being followed to address identified issues and to reduce stress amongst 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

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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations 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.

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

Are services well-led?

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

- 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 supported the setting up of a patient support group after establishing a need from patients for additional emotional support for those patients suffering from balance disorders. The London Road Clinic team actively supported two patients who set up this service. Initially meetings were held at the clinic where staff volunteered their time out of service hours. Increased members meant that the support group moved and staff at the clinic continued to volunteer to help at the meetings. The service's medical clinicians and therapists have regularly presented at these meetings.
- 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.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service held quarterly clinical governance meetings which clinicians attended to discuss areas where the service could improve.
- 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.