

Trustees of The London Clinic Limited

The London Clinic

Inspection report

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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?	Requires Improvement	

Summary of findings

Overall summary

Established in 1932, The London Clinic is a charitable hospital governed by the Trustees of The London Clinic Limited. The hospital provides a range of services to the local population of London, as well as overseas patients. The hospital has on average 23,000 inpatient episodes and 110,000 outpatient attendances per year. The hospital is registered to provide diagnostics and screening; treatment of disease, disorder or injury; surgical procedures; management of supply of blood and blood derived products. The original hospital at 20 Devonshire Place has seven main and three additional operating theatres, and six dedicated specialty wards for a range of surgery, including: urology, gynaecology, thoracic surgery, orthopaedics and spinal procedures.

The London Clinic was last inspected in June 2021 and the report was published on 03 September 2021. The location was rated Good overall. Surgery was rated Requires Improvement overall, with Requires Improvement in the Safe domain, Requires Improvement in effective, Good in caring, Requires Improvement in responsive and Inadequate in well-led.

Following the June 2021 inspection, we used our enforcement powers to serve a Warning Notice to the provider under section 29 of the Health and Social Care Act 2008. This was served for failing to comply with Regulation 17: Good Governance.

This report relates to the return visit, conducted on 03 November 2021, to check compliance with the Warning Notice and to check if the provider was now meeting Regulation 17: Good Governance.

Following this inspection, there is no change in rating, as inspectors only looked at compliance with the previously issued Warning Notice and did not conduct a full inspection assessment of the provider's services.

Although, we found improvements had been made in the majority of areas noted within the warning notice, inspectors had concerns relating to the handling of complaints. We will follow up with the provider to ensure improvements in this area are made in a timely manner.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Requires Improvement



Summary of findings

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Summary of this inspection

How we carried out this inspection

This inspection was carried out during a one-day on-site inspection, including two inspectors and one specialist advisor with expertise in health service governance.

During the on-site inspection, the inspection team:

- Spoke with the registered manager
- Reviewed documentation relating to issues identified within the Warning Notice
- Interviewed and spoke with various members of staff in the governance department

Outside of the on-site inspection, inspectors reviewed documentation provided by the registered manager, pre- and post-inspection to demonstrate compliance with the Warning Notice.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

The service **SHOULD** ensure that:

- Complaints are handled in line with The London Clinic's Complaints Policy.
- Information and data being used as part of senior decision making, is robust, relevant and up to date.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Overall	Good	Good	Good	Good	Requires Improvement	Good

Surgery

Safe	Requires Improvement 
Effective	Requires Improvement 
Caring	Good 
Responsive	Requires Improvement 
Well-led	Inadequate 

Are Surgery safe?

Requires Improvement 

Incidents

In our previous inspection report, we noted an inconsistent approach to the completion of root cause analysis (RCA) reports. We noted how RCA reports, which inspectors had reviewed, were often not always detailed or completed fully. Staff told us the IT arrangements for monitoring RCA progress required improvement as it was not always easy to navigate.

On the follow-up inspection inspectors reviewed five RCA reports and noted these were better completed with all expected information contained within the report. We found a variety of RCA templates were being used to better facilitate learning and actions. For example, there was an RCA template specific to 'cardiac arrest' incidents, which contained better and more relevant prompts for action than generic RCA templates.

We did however, find two RCA reports which had no detailed action plan. It was unclear if any action was required or if actions had already been completed.

During our previous inspection, we noted an ineffective quality assurance process regarding incident investigation. Particularly noted was a lack of clarity regarding how incidents were graded and/or categorised. We also noted an out of date incident management policy.

During the follow-up inspection we noted a refreshed and in-date incident management policy. We spoke with staff with incident management responsibilities who informed the inspection team that information relating to incidents were now held on one main IT system. They told us this made it easier and simpler to find information they needed.

On our previous inspection, we had concerns that staff were not recognising when incidents had taken place whilst reviewing complaints. We spoke with one member of the 'patient experience' team who was able to tell us about a simpler method of recognising incidents as a result of a complaint. The IT system the hospital was using had a variety of options to choose from and the person inputting the information was now able to select whether an incident had occurred. We saw one example where a complaint had been recognised by staff as an incident. This related to a light fixing in an anaesthetics room, which had caused an anaesthetist to struggle carrying out a clinical intervention.

Surgery

Are Surgery effective?

Requires Improvement 

Evidence-based care and treatment

It was noted on our last inspection that ten out of 14 policies we reviewed were out of date and had not been reviewed within the timeframe specified on the front of the policy. During this most recent inspection, we reviewed seven policies and noted these were in date and had been updated with latest guidance and information relevant to that policy. Staff were now much clearer on the process for reviewing policies and how to recognise when policies were requiring an update.

Patient outcomes

On our previous inspection, we reviewed a number of audits which appeared semi-completed or containing only partial information. On this inspection, we noted that audits were now being held on a more easily accessible IT system, which enabled staff to have a greater oversight of the audit schedule. However, we were unable to follow up on any actions taken as a result of any audits the hospital carried out. Improvements had been made in the accessibility and oversight of audits, there was difficulty in showing inspectors how audits were being used to improve aspects of the service. We have asked the registered manager to keep us updated on the development and learning from audits and to demonstrate compliance through our engagement activity.

Are Surgery responsive?

Requires Improvement 

Learning from complaints and concerns

During our previous inspection, we reviewed the hospital's complaint log and noticed it was unclear and inconsistent in detail. For example, it was difficult to understand which complaints had reached 'stage one' as outlined in the hospital's complaint policy. It was also unclear if patients' complaints had been responded to in the 20-day key-performance-indicator (KPI) set by the hospital.

On this inspection, we found an improved system for recording and tracking complaints. Staff told us this was much better, as previously they were working across multiple systems, which had made it difficult to track complaints and the KPI.

Despite an improved system, we reviewed five complaints and noted that each complaint had some form of documentation missing from the file. For example, the hospital's complaint policy outlines that if a complaint relates to a consultant, then statements should be taken from that consultant, so the complaints investigator can have full clarity on all aspects of the complaint before reaching an outcome. We reviewed a complaint relating to a consultant but could not find evidence of any statement taken from the consultant in the complaint file. We asked staff to explain why we were unable to find a statement from the consultant and were told that the consultant had failed to engage with the complaints process.

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We brought this to the attention of the registered manager, who appeared unaware of this specific complaint. We were told that if a consultant does not participate in the complaints process, this is escalated, and a number of actions taken to attempt to resolve with the support of senior management. Persistent non-engagement would be handled carefully, including where appropriate, review of the consultant's working privileges.

We asked the register manager to keep us informed of any developments in this matter.

Post inspection, we spoke with the head of patient experience, the person with overall responsibility for complaints handling, to highlight our concern regarding the lack or misplacing of documentation relating to complaints. We were told that further capacity was required within the team and we passed this information onto the registered manager. We were also told that complaints were always investigated, but there was an acceptance that the record management and recording of this required improvement.

Post inspection, we have asked for enhanced engagement with the provider and requested they demonstrate to CQC how improvements in their complaints recording is being undertaken.

During our previous inspection, we noted a number of complaints which were outside of the hospital's KPI. On review of three complaints which had been investigated and closed since our previous inspection, we noted each complaint had met its KPI. However, staff spoken with were unsure how many complaints in the month of August 2021 had met the KPI. The registered manager produced a percentage which was different to the head of patient experience. Post inspection, we have asked to be kept informed of KPI's relating to complaints and for the hospital to share any themes or trends with CQC.

Are Surgery well-led?

Inadequate 

Leadership

In the previous inspection report we outlined how CQC was receiving a number of concerns relating to leadership at the hospital. Although the majority of these concerns could not be independently validated as whistle-blowing matters, the number of concerns, at the time of writing this report, still remained as frequent as previously reported. The registered manager has ensured the CQC is given a full response to each concern, outlining how these concerns are being investigated and whether any action has been taken. The majority of concerns received into CQC are regarding the leadership of the hospital, however, the registered manager informed us that there are a number of changes in managerial and senior managerial positions and it was expected this may cause some degree of agitation amongst staff.

The registered manager also outlined plans to refresh the Freedom to Speak Up network within the hospital to try and capture any staff concerns internally.

Governance

During our last inspection, there was confusion amongst staff regarding who had overall responsibility for governance across the hospital. On this inspection, the hospital had implemented an updated structure chart. This clearly outlined who was responsible for managing different aspects of hospital governance. We noted there was still some changes to be made to this structure as it was considered a work in progress. There were also a number of vacancies which required filling to fully compliment the governance team.

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Management of risk, issues and performance

On the last inspection, we had concerns regarding the hospital's oversight of risks and any mitigations in place to reduce identified risks. During this inspection, there was a clear risk structure and we were shown a risk matrix which outlined mitigations, grading and the accountable officer for the risk. We saw evidence of risks being discussed in various committee meetings and in board meeting minutes.

Staff we spoke with on this inspection were much clearer on the purpose of meetings they attended. During our previous inspection, we had concerns regarding staff's knowledge of why they were attending meetings and what the purpose and outcome of these meetings were. On this latest inspection, staff told us that some meetings had been refreshed with a clear purpose and agenda.

Information Management

On our previous inspection, we found concerns relating to the lack of effective arrangements in place which ensured information used to monitor, manage and report on quality and performance was accurate, reliable and relevant. On this inspection, we noted positive changes in the IT systems being used to collect and gather data and to assimilate this together into reports used in various meetings. Staff told us that data management had got better since our previous inspection, but there was more work to do on ensuring the information being assessed was the most relevant and update. We noted there was a time lag in the reporting period as outlined in the board report. For example, some data presented to the board was considered old and potentially irrelevant as a number of weeks had passed from the pulling of data from the IT system, to publishing this in a board report. The director of governance acknowledged the reporting periods presented at board level required improvement. We saw a plan of how staff were going to pull information quicker to ensure the most relevant and up to date information was being discussed at senior levels within the organisation.

We also heard from staff that there was a need to ensure the data presented in senior meetings was reliable as we noted earlier a confusion around complaint KPI's, and which figure was true and accurate. The registered manager acknowledged there was further work to do to ensure information was reliable. We asked the registered manager to keep inspectors updated on the progress of this through our continued engagement.