

# The Iron Clinic London

## Inspection report

60 Harley Street  
London  
W1G 7HA  
Tel: 02038758171  
www.theironclinic.co.uk

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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?

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 Iron Clinic as part of our inspection programme.

The Iron Clinic provides intravenous iron infusions only.

The provider has a 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.

We received 12 CQC comment cards, left by patients prior to the inspection. These were all positive about the service provided. Patients commented on the professionalism and caring attitude of the staff. Four patients commented that the information provided to them was comprehensive and written in plain English.

**Our key findings were:**

- The care provided was safe. There was a culture of placing safety at the core of activity. Staff were encouraged to contribute to the organisation whether on safety or any other matters.
- The provider put the patients' needs first. The provider always tried to identify the underlying condition that led to the need to treat the patient with an iron infusion.
- The provider was clinically innovative. They were up to date with the latest research in the field of iron treatment.
- There was a strong emphasis on continuous learning for staff. The provider recognised consultation skills were central to patient's care as well as satisfaction and had worked to maintain and improve this.

However, the provider should

- improve the details of consultations recorded in patients' notes.

**Dr Rosie Benneworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to The Iron Clinic London

The Iron Clinic is located at

60 Harley Street

London

W1G 7HA.

The service is a doctor led clinic providing solely intravenous iron infusions. The only formal employees are the registered manager, a qualified doctor and the director, a vascular surgeon at University College Hospital London. All the other clinicians, used by the Clinic, are employed on a sessional basis. All these sessional staff hold substantive NHS posts. References to staff in this report include sessional staff.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed staff, reviewed of documents, talked with the provider, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 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?

## We rated safe as Good because:

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard vulnerable adults from abuse.
- The provider 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. All staff had received Disclosure and Barring Service (DBS) checks. (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). This include sessional staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider had had a comprehensive professional assessment of the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had carried out the identified mitigating actions
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. The provider was located on the

second floor. There was no lift. Patients were warned about the stairs prior to arrival. Where the patients were not able to manage the stairs, the provider referred them to other suitable facilities.

### 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 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. Staff had received training in the identification and management of sepsis, apart from the Registered Manager, for whom training was booked.
- There was a defibrillator on the premises. There were first aid kits and EpiPen's (an injection which can reverse the symptoms of an allergic reaction) for adults.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### 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. Some notes of patients' consultations did not have enough detail although there was other evidence such as pre-treatment questionnaires and e-mail trails that evidenced compliance with National guidance. Overall 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.

# Are services safe?

## 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 which minimised risk.
- The only prescribed medicine was iron infusion. Staff prescribed and administered iron infusions to patients and gave advice in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines.

### 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.

### Lessons learned and improvements made

### The service had arrangement to learn and make improvements if things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.

There had been no unexpected or unintended safety incidents, since the provider had registered with the Care Quality Commission since December 2018, however the provider had arrangements to:

- give affected people reasonable support, truthful information and a verbal and written apology and
- keep written records of verbal interactions as well as written correspondence.

The provider acted on and learned from external safety events as well as patient and medicine safety alerts. For example, there had been a recent safety alert relating to certain equipment used in transfusing iron. The service had checked their records and found that they had not used that equipment.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

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

- The provider followed the National Institute for Health and Care Excellence (NICE) best practice guidelines for iron infusion. For example, NICE guidance specifies that iron infusion should not, generally, be prescribed unless orally administered iron has been tried for three months and has not been efficacious or has had significant side effects.
- 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.

## **Monitoring care and treatment**

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

- The provider made improvements through the use of completed audits. There had been an audit of patients' records. This had identified that the template, used to record the consultation, needed review. A new template was launched as a result of the audit. This template included new options relating the prescribed iron transfusion.
- The provider had audited patients receiving iron infusion against the NICE guidelines, they found that the median time that patients had tried oral iron was 10 months and that 65% had reported side effects. This provided evidence of compliance with NICE guidelines.
- There had been audits of infection prevention control, staff records and information governance. Where identified, changes had been made, such as the introduction of better signage about hand washing.

## **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 new staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff. There were up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The provider had identified two cases where the reported anaemia was caused by bowel cancer and had referred these patients urgently.
- 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.
- The provider had risk assessed the treatments they offered. We saw evidence of letters sent to patients' GPs 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.

## **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 to help them self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Are services effective?

### **Consent to care and treatment**

**The provider 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. The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

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

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service 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.

- 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and comprehensive explanatory leaflets were available.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- If patients wanted to discuss sensitive issues, for example menorrhagia (the medical term for menstrual periods with abnormally heavy or prolonged bleeding) or appeared distressed these were discussed in private.

# Are services responsive to people's needs?

## 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 their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The provider was located on the second floor up steep stairs. There was no lift. Patients were warned about the stairs prior to arrival. Where the patients were not able to manage the stairs, the provider referred them to other suitable facilities.

## 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.

- Referrals and transfers to other services were undertaken in a timely way. We saw two example of suspected cancer diagnoses referred urgently.

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and appropriate procedures. The provider learned lessons from individual concerns, complaints and from analysis of trends. There had been one complaint since the provider had been registered in December 2018. It acted as a result to improve the quality of care. One patient had had an incorrect appointment booked. The provider booked the correct appointment quickly and apologised, in writing, to the patient.

# Are services well-led?

## We rated well-led as Good because:

The Iron Clinic was run by a small team. The only formal employees were the Registered Manager, a qualified doctor and the Director, a vascular surgeon at University College Hospital London. All the other clinicians, used by the Clinic, were employed on a sessional basis. All these sessional staff hold substantive NHS posts. References to staff in this report includes sessional staff.

## 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. The leadership was visible and approachable.
- 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 had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

## Culture

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

- 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. There had been no significant events since the provider's registration in December 2018
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, we saw that the Registered Manager was encouraged by the Director of the Iron Clinic to undertake relevant training and to develop governance systems.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The provider had not been registered for a year but there was a schedule for staff to receive annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- 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.

- The provider followed National Institute for Health and Care Excellence (NICE) guidance. This specifies that iron infusion should not, generally, be prescribed unless orally administered iron has been tried for three months and has not been efficacious. Some notes of patients' consultations did not have enough detail to evidence this. There was other evidence such as pre-treatment questionnaires and e-mail trails that evidenced compliance with the guidance. However, this other evidence could be lost over time hence the need for the clinical notes to contain the supporting evidence. We discussed this with the provider who undertook to provide training for staff and audit notes to monitor the improvements.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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.

## Managing risks, issues and performance

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

## Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, there had been audits of infection prevention control, the time patients had been taking oral iron and aspects of patients' notes.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance, and this include the views of patients.
- The provider used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, there was training planned to improve the clinicians recording of consultations.
- The provider 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, staff and external partners

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

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. Patients were always asked to provide feedback on their experience following treatment. The feedback showed that patients were very satisfied with the outcomes of treatment and equally satisfied with their overall experience.
- The provider was transparent, collaborative and open.

### Continuous improvement and innovation

#### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, staff we spoke with were aware of the very latest research in their field and were able to show instances when they had considered that research in deciding on the treatment.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.