

Inspection Report 2008/2009

London Iryo Centre

234-236 Hendon Way

London

NW4 3NE

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

The London Iryo Centre is registered with the Healthcare Commission to provide general practitioner, endoscopy and health screening services to Japanese speaking residents in the UK. The Iryo Centre operates from a three-storey building that includes an in-house pharmacy - the third floor is occupied by an unrelated third-party business. The Centre employs Japanese registered medical practitioners with temporary General Medical Council registration to provide the GP services. Specialist medical services are provided by GMC registered consultants.

This inspection took place on 9 February 2009, and was announced.

Main findings

The London Iryo Centre appeared to be meeting the needs and expectations of its service users. During the inspection visit ten standards were inspected of which seven were fully met and three were almost met. Those standards identified as almost met require the establishment to complete CRB checks of healthcare professionals, conduct and document employee appraisals of healthcare professionals and service all of the fire extinguishers within the establishment so that they are fit for purpose.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
-------------	------------------

Description	Service Category
Independent Hospital	IH
Private doctors: walk-in medical centres	PD(M) Private Doctors: Walk-In
Prescribed techniques or prescribed technology: establishments using endoscopy	PT(E) Endoscopy

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
This establishment may provide diagnostic endoscopy procedures with or without arousable sedation for patients eighteen years and above only.	Not inspected
The written approval of the Healthcare Commission must be obtained at least one month prior to providing any treatment or service not detailed in your Statement of Purpose.	Compliant
This establishment is registered to provide walk-in private doctor services to all age groups as specified in the current Statement of Purpose.	Compliant

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or

	because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.
--	---

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard almost met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard met

Number	Standard Topic	Assessment
C26	Medical Devices and Decontamination	Not inspected
PD5	Prescribing of medication	Not inspected
PD10	Prescribing of medication	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C13	19(1)(b)	<p>Findings A range of policies and procedures are in place regarding child protection issues. However documents provided by the establishment indicated that the overseas-trained practitioners employed by the centre had not been CRB checked.</p> <p>Action Required The registered person must ensure that no medical practitioner is granted consulting or practising privileges without appropriate fit person checks so that children receiving treatment are protected effectively from abuse. The registered person will forward to the Healthcare Commission documentation that confirms that all CRB checks of the overseas trained doctors have been completed by the deadline set.</p>	By 31 March 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
PD2	Management of patients	Not inspected
PD3	Minor surgery	Not inspected
PD4	Midwifery and antenatal care	Not inspected
PD6	Pathology services	Not inspected
PD7	Contacting practitioners and out of hours services	Not inspected
PD8	Information to GPs	Not inspected
PD9	Arrangements for provision of treatment	Not inspected
PD11	Pathology services	Not inspected
PD12	Information to GPs	Not inspected

No	Standard	Regulation	Requirement	Time scale
			Findings None	
			Action Required None	

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard met
C10	Practising Privileges	Standard almost met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Not inspected
C31	Information Management	Not inspected
C32	Research	Not inspected
PD1	Arrangements for provision of treatment	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C10	18(3)(a) and (b)	<p>Findings</p> <p>Although there is a Policy for Practising Privileges and other related-human resources policies, there was no documentation available which confirmed that the overseas-trained practitioners had been through an annual appraisal process.</p> <p>Action Required</p> <p>The registered person must ensure that each employee receives appropriate supervision and appraisal so that patients receive treatment from appropriately trained and qualified healthcare professionals. The registered person will forward to the Healthcare Commission documentation that confirms that overseas-trained practitioners have been through an annual appraisal process by the deadline set.</p>	By 31 March 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected

No	Standard	Regulation	Requirement	Time scale
			Findings None	
			Action Required None	

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

No	Standard	Regulation	Requirement	Time scale
			Findings None Action Required None	

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Standard almost met

No	Standard	Regulation	Requirement	Time scale
1	C21	N/A	<p>Findings Health and safety policies and procedures are in place. The majority of the fire extinguishers in the establishment had been correctly serviced. Two extinguishers on the first floor required maintenance servicing.</p> <p>Action Required The registered person must assure patients that appropriate health and safety measures are in place. The registered person will send confirmation to the Healthcare Commission that all fire extinguishers within the establishment have been serviced and fit for purpose by the deadline set.</p>	By 31 March 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

This document may be reproduced free of charge in any format or medium, provided that it is not for commercial resale. This consent is subject to the material being reproduced accurately and provided that it is not used in a derogatory manner or misleading context. The material should be acknowledged as © 2007 Commission for Healthcare Audit and Inspection and the title of the document specified. Applications for reproduction should be made in writing to: The Chief Executive, Commission for Healthcare Audit and Inspection, 103-105 Bunhill Row, London, EC1Y 8TG.