

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Chelsea River Practice

23 Embankment Gardens, London, SW3 4LW

Date of Inspection: 26 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Chelsea River Practice Ltd
Registered Manager	Dr. Ghazala Afzal
Overview of the service	Chelsea River Practice is the private healthcare practice of Dr Ghazala Afzal, a child and young people's psychiatrist. At the time of the inspection the practice was open one day a week. Dr Afzal, as the one doctor at the practice, provides specialist psychiatric services to children, young people and their families. This included consultations, assessment and treatment.
Type of service	Doctors consultation service
Regulated activity	Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2014 and talked with staff.

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### What people told us and what we found

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We were unable to speak with people using the service as no appointments had been made during the inspection so Dr Afzal was free to discuss the service with us. At present confidential questionnaires were being given to children and young people so they could give their opinions about the service to an independent organisation. This feedback would be used to reflect on the service and was benchmarked against feedback about other UK psychiatrists.

People received sufficient information prior to an appointment and were seen in private. Their views were taken into account in the planning of care and treatment. Confidentiality and privacy was maintained. The risks associated with people's mental health were reviewed at each appointment and there were systems for follow up or admission to hospital if needed.

Dr Afzal received annual appraisal and undertook training so her practice was up to date and reflected current guidance and research. Training included safeguarding of children and medical emergencies. She had peer support and supervision. There were systems to refer safeguarding concerns appropriately.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. The psychiatric service was for children and young people and their families. In general people were referred by their GPs. When people booked an appointment they had the costs of an initial consultation explained to them. We saw that parents signed the fees schedule documenting that they understood the costs of treatment. Other information about the practice was available on the provider's website and from Dr Afzal's secretary. Dr Afzal confirmed that people could ask as many questions as they needed to. The website also provided information for referrers about when to seek consultations for their patients so that appropriate referrals could be made.

We were not able to speak with any children or young people using the service as no appointments had been booked during the inspection so Dr Afzal was free for the inspection. Children and young people were seen both alone and with their parents or carers at appointments. Young people's privacy was respected. All parties were encouraged to give their views of the problems children and young people were experiencing and discuss together and apart what the treatment options and plans would be.

People's diversity, values and human rights were respected. The practice was on the lower ground floor. If people could not manage the stairs to the practice they could be seen at either of the two private hospitals where Dr Afzal had practicing privileges. Consultations took place in privacy and by appointment only. Interpreters and chaperones could be booked if necessary.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Each child or young person and their family was seen and assessed by Dr Afzal and a treatment plan devised with the agreement of all parties. This might include medication or therapy from other professionals so that there was an integrated plan that would best meet the person's needs. People's progress was reviewed at further appointments. Each appointment was used to risk assess the person's wellbeing and ensure their safety was considered. Families could contact Dr Afzal for advice and support between appointments.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. If a person was very unwell Dr Afzal could arrange admission to hospital and would treat them there with other health professionals. She would refer back to the GP if a physical problem was diagnosed and for further tests.

We saw from medical records that each consultation was documented and reports sent to the GP so they had a record of recommended treatment and care. Schools, NHS mental health services, therapists and family services were included in the plans for a child or young person's treatment if that was agreed and necessary. If parents required psychiatric care Dr Afzal would refer them to an adult psychiatrist.

People's care and treatment reflected relevant research and guidance. Dr Afzal attended peer support groups where recent research, clinical guidelines and specific interests were discussed.

There were arrangements in place to deal with foreseeable emergencies. No physical treatments or medicines were used at the practice. Dr Afzal had undertaken annual training in resuscitation. We saw the plans for emergency evacuation.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Dr Afzal confirmed she had undertaken training in safeguarding children and this was checked at the annual appraisal undertaken at one of the private hospitals where she had practicing privileges. There was a link with local authority social services teams if needed and safeguarding policies and procedures were available. Dr Afzal had peer group support if she required advice and support about a safeguarding concern.

The provider responded appropriately to any allegation of abuse. Dr Afzal confirmed she knew what to do if a safeguarding concern was raised and gave examples of how this would be recognised in her practice and acted upon. Children and young people were seen with their families but could talk with Dr Afzal alone so that they had the opportunity to express their own feelings about their experiences.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. Dr Afzal was registered with the General Medical Council (GMC) and on their specialist register of child and adolescent psychiatry. She confirmed she received annual appraisal and this was required to maintain practicing privileges. This required continuing professional development which she undertook through attending meetings, training and conferences. At present she was preparing for GMC validation in 2015. This included The Royal College of Psychiatrists appraisal process designed specifically for psychiatrists and compliant with GMC validation requirements.

As a single handed doctor at the Chelsea River Practice Dr Afzal was a member of two professional peer support groups so that she could discuss cases and receive advice and support from colleagues. She could also seek advice from colleagues at the private hospitals where she admitted patients. Dr Afzal had also trained as an appraiser for an independent doctors' group.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who use the service were asked for their views about their care and treatment and they were acted on. As part of The Royal College of Psychiatrists appraisal process each psychiatrist received results in the context of benchmarks from thousands of other UK psychiatrists who have already completed the process. We saw the feedback questionnaire which was being given to people using the service as part of the process. This gave children and young people the opportunity to give confidential feedback about Dr Afzal. This would then be used to review the service and Dr Afzal's practice.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Every child and young person was assessed by Dr Afzal. She had access to other professional colleagues, as well as the GP, if needed. The referring GP was also part of the process of review of the service as they would assess how well the psychiatric service was meeting the needs of their patients.

The quality and safety of the service was reviewed by Dr Afzal in conjunction with her practices at two London independent hospitals where she had practicing privileges and could see people as inpatients or outpatients.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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