

Mr Yehudi Gordon

Harley Street Healthcare Clinic

Inspection report

104 Harley Street
London
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Ratings

Overall rating for this service	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 service was previously inspected on 27 November 2018 but was not rated.)

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 Harley Street Healthcare Clinic as part of our inspection programme.

The provider Mr Yehudi Gordon has one location registered as Harley Street Healthcare Clinic at 104 Harley Street, London. The service provides private medical

Summary of findings

services for patients aged 18 years and over in gynaecology and women's health. This service is registered with CQC under the Health and Social Care Act 2008 in respect of services it provides.

A total of 18 patients provided feedback about the service through CQC comment cards. All comments received were positive about the service. Patients described Mr Gordon as caring, approachable and the service they received was excellent.

Our key findings were:

- Governance systems were well established within the service. There were effective systems for monitoring service provision to ensure it was safe.
- Clear procedures and protocols were in place and the provider had processes in place to ensure risks were clearly identified and mitigated against.

- Systems for learning from incidents was in place. The provider had implemented a risk score system to identify the severity of the event and ensured an accurate oversight of safety within the practice.
- There was evidence of quality improvement activity.
- The provider demonstrated how they maintained their skills and knowledge.
- There were appropriate systems in place for obtaining patient consent for procedures undertaken.
- Patient feedback relating to the service was positive from our CQC comment cards.

The areas where the provider should make improvements are:

- Implement systems to gather patient feedback on the services provided.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Harley Street Healthcare Clinic

Detailed findings

Background to this inspection

Mr Yehudi Gordon provides a private medical service at 104 Harley Street in London where he carries out consultations and offers a range of non-emergency specialist services in gynaecology, fertility and women's health for patients aged over 18 years of age. Further details about the services provided can be found on the provider's website: www.dryehudigordon.com

Mr Yehudi Gordon shares the premises at 104 Harley Street with a range of other health care providers. He rents a consulting room which is based on the ground floor. The private practice is open 9am to 6pm on a Tuesday and Thursday. Patients can access appointments by telephone and email.

There are currently 2000 patients registered with the service some of which use the service regularly while others do so on an ad hoc or one-off basis. The registered population covers a wide age range with most patients falling within the working age group. The provider informed us that they see around 112 patients each month. Patients requiring advice and support outside of those hours are advised to contact the service by e-mail or telephone Monday to Friday.

Mr Yehudi Gordon employs a part time practice manager and secretary. The landlord provides reception staff and other staff involved in the management of the premises. The provider is registered with CQC for the following regulated activities: Diagnostic and screening procedures, family planning and treatment of disease, disorder or injury.

How we inspected this service

Before visiting, we reviewed information we hold about the service, including information from the previous inspection. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with the GP and practice manager.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- We reviewed a sample of patient records with the GP to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- We made observations of the facilities that were used for providing the service.

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?

Our findings

We rated safe as Good because:

The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk and the service had processes in place to learn from incidents.

Safety systems and processes

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

- The provider had undertaken training at an appropriate level in safeguarding children and vulnerable adults, however the services provided by the provider were not applicable to children. They were aware of the agencies who were responsible for investigating safeguarding concerns and had access to contact information for reporting any concerns. The provider advised us that they had never needed to raise a concern.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- 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 on an ongoing basis where appropriate. The provider's team consisted of a practice manager and secretary. 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).
- 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. Staff had completed the relevant training specific to their role and an infection control audit had been completed in April 2019 which showed low to very low risk. The provider had acted on the actions identified, which included, approved floor

covering in the treatment area of the consulting room. The landlord had undertaken a legionella risk assessment in October 2017. The provider was unable to demonstrate their immunisation history, however since the inspection we have received evidence to confirm that the provider had the recommended immunisation status.

- Cleaning was organised by the landlords of the premises. We saw documented information about the cleaning standards expected for the consulting room.
- 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 landlord carried out appropriate environmental risk assessments, which took into account 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.

- 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.
- 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.
- The provider was a sole practitioner and did not use agency staff. The practice manager had remote access to patients' appointments through a secure network and was able to re-arrange appointments if an emergency arose and Mr Gordon was unable to carry out their consultation.
- The provider had arrangements in place to manage medical emergencies. There was a range of emergency medicines available which were monitored on a regular basis. The provider held oxygen and there was a shared

Are services safe?

defibrillator within the premises provided by the landlord. On checking the defibrillator we found the pads to be out of date. During the inspection the out of date pads were replaced.

- The provider had a documented business continuity plan in the event of major disruptions to the service.

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.
- Any correspondence sent from the provider was encrypted and password protected to ensure data safety.
- 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.
- The provider advised us that they did not routinely share information with a patient's NHS GP but would if needed. The provider had a system in place to ensure the details of a patient's GP were recorded on their records. The patient's GP was informed of the outcome of clinical reviews and test results, unless the patient requested the information was not shared.

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, minimised risks. The provider had a prescribing policy in place which detailed the processes to follow for prescription safety.

- The provider told us that they received information from medicines safety alerts. These were reviewed and acted on, if relevant to the practice. All alerts requiring action were saved in a folder and managed by the provider.
- 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. There was a range of risk assessments in place which were completed by the landlords of the premises. The provider had gained assurances that the risk assessments covered the facilities that they used.
- 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.

- There was a system for recording and acting on significant events. A yearly review of incidents was in place and the provider and manager met on a weekly basis to discuss and review incidents and actions taken. Evidence provided by the practice showed the practice had recorded five significant events since March 2018 with details of action taken and learning to mitigate further risk.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example: The practice had two incidents where there had been a delay in urgent tests being collected. This was discussed with the laboratory and action was taken to ensure all urgent tests were placed in the urgent test bag and the laboratory was notified to collect the samples.

Are services safe?

- 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 or knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

We found at this inspection the practice had implemented effective processes to monitor patients care and demonstrate quality improvements.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients undergoing investigations were able to receive timely follow up. The provider advised us that results sent to the private laboratory were usually returned within 24 hours and ultrasound scans were available at the premises which the provider referred patients to for further investigation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

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. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had completed an audit on the use of bioidentical hormones. Due to the specialist service provided, the use of bioidentical hormones was increasing. We saw an example of an audit which demonstrated a positive impact for the 53 patients

included. The provider used this therapy for a substantial number of patients attending the service and carried out regular reviews of patients' outcomes to ensure patients' were benefitting from this therapy.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. 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.
- The provider was registered with the General Medical Council (GMC) and were up to date with revalidation. (Revalidation is the process by which doctors demonstrate their fitness to practice).

Coordinating patient care and information sharing

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

- The provider provided appropriate follow up of patients that had undergone treatment enabling them to monitor patients in a timely way.
- The provider worked with a private laboratory to ensure test results were turned around quickly enabling patients to receive timely care and treatment.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider told us that they did not routinely share information with a patients NHS GP but encouraged patients to share information where appropriate. The patient's GP was informed of the outcome of clinical reviews and test results unless the patient requested this information was not shared.

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.

Are services effective?

(for example, treatment is effective)

- We saw that the provider had written advice on specific therapies. An in-depth explanation of the therapy had been devised by the provider to ensure patients fully understood the benefits and risks of this treatment.

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.

Are services caring?

Our findings

We rated caring as Good because:

Patient feedback showed the provider to be approachable and caring and staff helped patients to be involved in their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received 18 completed CQC comment cards, all of which were positive about the service. Patients were complimentary about the provider describing them as caring.
- 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.
- The provider had undertaken a patient satisfaction survey as part of the appraisal process. A total of 20 patients completed the survey. Results showed that 18 patients were positive about the way they were treated and the service they had received.

Involvement in decisions about care and treatment

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

- The provider didn't have access to interpretation services and advised us that they had not needed to access one. If required, we were told that an interpreter would be organised to support the patient during consultation.
- We were told that if patients were unsure of what they needed, they would be asked to send through a brief summary of their concerns before consultation for the provider to review prior to an appointment being made. This provided staff the opportunity to ensure patients received the appropriate information and care.
- 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.
- The manager told us they discussed with patients how to process consultations and treatments through their medical insurance.
- The GP advised us that they would print information for patients to take away if needed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The waiting room was situated away from the reception area.
- The consulting room was also away from the waiting areas and conversations taking place within them could not be overheard.
- A privacy screen was available in the consultation room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The provider organised services to meet patients' needs and had processes in place to learn from concerns and complaints and improve the quality of care.

Responding to and meeting people's needs

The service 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises had ramp access to support patients with mobility difficulties to access the service. If the premises were unsuitable for a patient, patients had the option to see the provider at the private hospital where he held a clinic on a Monday morning.
- New patients received a 45 minute appointment to enable them to discuss their needs. Patients requiring follow up were given 30 minute appointments. Telephone consultations were also available if patients required advice.

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. Patients were able to access appointments by telephone and email.

- The practice was open on a Tuesday and Thursday between 9am to 6pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients did not have to wait long for test results.
- Patients reported that the appointment system was easy to use. Patients new to the service were called when an enquiry was received by the provider to explain the booking process.
- 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. 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 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. For example: the practice had received a complaint concerning lack of information about costs of tests and investigations. The prices were on the request form patients signed, but to ensure this information was strengthened the provider advised patients of costs both verbally and in writing prior to investigations or treatment being carried out.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

The provider had a clear vision and strategy to deliver quality care. There was strong leadership in place to support the strategy and effective governance processes to manage risk and further develop service provision.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service was led by a single handed specialist doctor. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider worked closely with his staff to make sure they prioritised compassionate and inclusive leadership.

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 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.
- The service monitored progress against delivery of the strategy.
- The provider and his staff took pride in the development of biometrics therapy and had plans to continue the development of this service.

Culture

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

- The provider employed two members of staff, a practice manager and secretary. Staff told us they felt respected, supported and valued. They were proud to work for the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. A yearly review of complaints and incidents was completed and discussed as part of the team learning. Outcomes were implemented to demonstrate

service improvements and mitigate future risk. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- The manager told us they could raise concerns with the provider and were encouraged to do so. They had confidence that these would be addressed.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. There were positive relationships between staff and the provider.

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.

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 provider had oversight of safety alerts, incidents, and complaints. A yearly review of incidents and complaints was held to discuss actions taken and learning outcomes.
- 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.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The management of the premises was undertaken by the landlords. There was a range of health and safety risk assessments in place in relation to issues such as fire safety and legionella. The landlords undertook yearly reviews of health and safety and fire audits of the premises.

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.
- The provider had undertaken training in relation to the General Data Protection Regulation (GDPR). Patient information was held securely to ensure the confidentiality of patients records.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services, however patient feedback required strengthening to monitor patient satisfaction on the services provided.

- The last patient survey was undertaken in December 2016 as part of the doctor's appraisal process. The results of the survey showed out of 20 surveys completed, 18 had been positive about the doctor and service received.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example: the provider had written an in-depth guide to the use of specific therapies for patients to gain an understanding of how treatment worked, including the risks and benefits.