

Harley Fitzrovia Health

Inspection report

Unit 1
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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?

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 Harley Fitzrovia Health on 27 July 2022. This inspection was conducted as part of our inspection programme of registered independent health providers.

Harley Fitzrovia Health is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. Harley Fitzrovia Health specialise in providing a range of private GP appointments as well as treatments and services relating to physiotherapy, medical and travel vaccinations, blood testing, mole mapping and fertility treatments.

At the time of our visit, the service had been functional for nine months.

The provider is the 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.

Our key findings were:

- The service had systems in place which kept patients safe. These included checks on patients attending the service and risk assessments conducted to ensure staff and patients were safe whilst attending the service.
- Staff at the service had the skills and knowledge to provide effective care.
- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Provision of services at the clinic considered patient demand and included timely access appointments which included face-to-face, telephone and video consultations.
- There was a focus on innovative, learning and improvement.

The areas where the service **should** make improvements: -

- Incorporate a system of peer-review of clinical staff records to ensure consistency and quality.
- Devise processes to ensure timely follow-up of required patient tests.
- Consider safeguarding level two training to reception/administrative staff who may have contact with children as recommended by The Royal College intercollegiate guidance.

Overall summary

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Harley Fitzrovia Health

Harley Fitzrovia Health provides consultations with independent doctors from premises located at 253-269 High Road, Woodford Green, Essex, IG8 9FB. The service provides consultations with independent doctors, blood tests and a variety of health screening services.

This fee-paying service provides the above range of health services to children and adults.

The service is located on one floor of a converted commercial building with the entrance at the front of the building, which allows for easy access for those with mobility issues. There are two separate entrances at the front of the building. One of the entrances allows for temperature checking of visitors prior to access to the service with covid-type symptoms and a separate consultation room. The second entrance leads directly to the reception, patient waiting area and four consultation rooms. Also, on this floor is the service managers office, and an area for processing and analysing bloods.

The registered manager of the service is the service manager. Consultations are undertaken by a team of eight doctors/consultants (all directors of the service) who are all registered with the General Medical Council (GMC). Other staff working at the service include a practice nurse, a healthcare assistant and four reception staff who are managed by the service manager.

Appointments are available as follows: -

- Mon 8:30 - 5pm
- Tue 8:30 - 8pm
- Wed 8:30 - 5pm
- Thur 8:30 - 8pm
- Fri 8:30 - 5pm
- Sat 8:30 - 2:30pm

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the service and in line with all data protection and information governance requirements.

During our inspection we:-

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures
- Conducted interviews with staff
- Reviewed clinical records

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

We found the service to have systems and procedures in place to keep patients and staff safe and that there was evidence that the information to deliver safe care was available.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and on-going training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies regarding safeguarding were regularly reviewed and were up to date. The service had not needed to raise any recent safeguarding concerns to the appropriate authorities but staff we spoke with were fully aware of procedure of how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff files we checked showed staff had received up-to-date safeguarding training, and that the training received was appropriate to their role. For example, the GP staff file we checked showed child safeguarding training had been achieved to level three. The non-clinical staff file we checked had received training to safeguarding level one for both children and adults.
- The service had systems in place to assure that adults accompanying a child had parental authority. Staff we spoke with told us that no procedure would be undertaken on a child under 18 without the written consent, proof of identity and attendance of at least one parent prior to treatment commencing.
- The service carried out staff checks at the time of recruitment. 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). We viewed two staff records and found current DBS checks attached to their record. DBS checks were undertaken for all staff who had face-to-face contact with patients.
- There was an effective system to manage infection prevention and control. We viewed one procedure room and one consultation room and found them to be clean and in a well-maintained condition. The service manager was able to show us that controls were in place such as IPC audits, fire risk assessments and Legionella controls. The staff records we examined on the day of inspection showed that not all staff had received required training in subjects such as fire safety and infection control. We spoke with the service manager about the missing evidence from the files we viewed to certify that staff had undergone required training. We were informed that not all hard copy staff files contained all training certificates, as evidence of training was also kept on the service online cloud-based system. Subsequent to our inspection, we received the missing training certificates to verify that staff had undertaken required training.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We viewed certification which showed an external qualified company had undertaken calibration and electrical testing of equipment at the service. There were systems for safely managing healthcare waste. On the day of inspection, we noted that the company responsible for the disposal of healthcare waste was on site to remove waste generated by the service as agreed.
- The service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the centre.

Are services safe?

- Staffing for the service was planned around the scheduled patient appointments. Clinical staff at the service had different specialities and patients booking appointments would have an appointment scheduled with the appropriate clinician. We were told that if an appointment needed to be re-scheduled due to staff absence, the service would contact the patient at the earliest opportunity to inform of the need to reschedule and would reschedule at a time suitable for the patient.

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. The service manager told us that there was a system in place where clinical and non-clinical staff could be contacted to provide cover for other colleagues if required at short notice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff, the service assessed and monitored the impact on safety and changes were discussed at the following team meeting.
- The service had a separate entrance for any patients who attended the service with Covid-type symptoms. Visitors to the service had their temperature taken upon arrival and were asked to use hand gel located in the reception area before commencing to the waiting area.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however systems in place did not facilitate a joined-up approach to patient record keeping.

- 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. Patients electronic clinical records are stored on a cloud-based system, which was encrypted and backed-up regularly.
- Access to patient electronic records was by secure password and each members of staff had their own individual log-in.
- The service had systems for sharing information with staff and other healthcare providers (when applicable) to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 vaccines, emergency medicines and equipment minimised risks. Equipment such as the defibrillator and oxygen, were stored appropriately and checked regularly.
- Staff administered medicines to patients and gave advice on medicines administered in line with legal requirements and current national guidance. Processes were in place for checking and recording of medicines kept on site.

Are services safe?

- Due to the length of time the service had been running, there had been no service medicines audit undertaken to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the doctors at the service we spoke with told us that peer reviewing clinical notes by GP's to check that guidelines were being adhered to would be commencing shortly.

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 owned its location and we saw that risk assessments were in place to ensure the safety of staff and patients whilst in the building.
- The service on monitored and reviewed activity (such as incidents) within the service. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Any activity relating to incidents that occurred at the service were discussed at the earliest opportunity with the staff involved (and the service manager) and again at the next team meeting. Discussions held would include what could the service do differently to prevent another occurrence of the incident.
- The service held an incident record book at the service where incidents (and outcomes) were logged. Incidents (and outcomes) were also logged on the service's cloud-based HR system by the service manager. The service was able to tell the inspection team about an incident at the service regarding the lack of a particular type of sample bottle required to forward on patient samples to a specialist testing service, which was not held as a stock item at the service. The service manager told us that they were able to obtain the required sample bottle on the same day from an external healthcare provider, but the incident ensured that following the next delivery of stock of this item, closer monitoring of stock was to be undertaken by all staff.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service did not have any significant events that had occurred since the service had been seeing patients. However the service was able to talk to the inspection team about a significant event that occurred a few days prior to service opening which meant that the opening was delayed until the issue was resolved and it was safe for patients and staff to use the building.
- The service was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty within the service. The service told us that they would give affected people reasonable support, truthful information and a verbal and written apology if something went wrong with the care they provided.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service manager was responsible for ensuring that any safety alerts received at the service was cascaded to relevant members of staff for their attention and action.

Are services effective?

We rated effective as Good because:

We found the service employed qualified clinical staff with knowledge and experience to allow effective care and treatment to be delivered. Patients attending the service received person-centered care.

Effective needs assessment, care and treatment

The service 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.

- Patients' immediate and ongoing needs were assessed as part of their treatment at the service.
- Clinicians had enough information to make or confirm a diagnosis. This was achieved through discussion either by an in-person face-to-face consultation at the service location or by telephone consultation with a patient.
- We saw no evidence of discrimination when making care and treatment decisions. Staff at the service told us that patients views are respected, listened to and taken into account when decisions about their treatment were being discussed. We saw evidence of this on electronic patients' records we viewed. We viewed ten electronic patient records and found that nine records had been completed to a good standard. The remaining record had been completed to a good standard, but we identified that not all tests requested for a patient had been completed and that this had not been followed up by the service. We spoke with a GP and Consultant director about this record and were told this the patient would be contacted to arrange the missing test on the day of our inspection.
- 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 using completed audits. Clinical audits were used to have a positive impact on quality of care and outcomes for patients. We viewed two sets of self-audits by two of the consultant directors at the service of medicines administered to patients as part of their treatment.

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff conducted by the service manager and the lead GP (for clinical staff).
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service understood the learning needs of staff and used team meetings to discuss. In-house training was encouraged. Up to date records of skills, qualifications and training were maintained. We viewed two staff files and found these files were not complete with relevant information. For example, there were no records in the staff files we checked that confirmed information governance or mental capacity act training had been undertaken.

Coordinating patient care and information sharing

Are services effective?

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines used as part of the procedure with their registered NHS GP (if applicable) on each occasion they used the service. If the patient refused, the service would record this on the patient record.
- The service had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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. We were told that where appropriate, the service assessed and recorded a patient's mental capacity to make a decision. Consent to treatment was recorded on the electronic patient record.

Are services caring?

We rated caring as Good because:

We found the service respected patient privacy and dignity. Patients were involved in decisions about their care and treatment and the service treated patients with kindness, respect and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service had online reviews, but these were on websites where the reviews could not be verified as genuine. The service had conducted its own in-house patient satisfaction survey. The survey asked users of the service to rate their experience on the service provided. The service had received 39 completed questions and we saw that patients rated the service positively.
- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients had access to aftercare at the clinic.

Involvement in decisions about care and treatment

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

- We were told by the service that if a patient did not have English as their first language, they would use translation services such as google translate in the first instance. Another option would be identify which language was spoken by the patient and use a telephone translation service. We were told several staff at the service spoke different languages and would be happy to act as a translator if required.
- We were told by the service that if a patient had learning disabilities or complex social needs, family or carers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

We found the service offered timely access to appointments, had systems in place to address patient complaints and concerns and made reasonable adjustments to allow all patients access to services.

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 service understood the needs of their patients and would improve services in response to those needs (if required). We saw evidence of this by the service response to an incident recorded that we viewed.
- The facilities and premises were appropriate for the services delivered. Consultation rooms had wooden doors which helped to prevent sound and discussions being heard in other areas of the service.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was located on one level making it accessible for patients with mobility issues.

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 appointments which included face-to-face, telephone or video consultations. Appointment times varied according to the nature of the consultation.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- We saw that the appointment system was easy to use. Appointments could be made through contacting the service by telephone, email or using the 'contact us' page of the service website.
- The service opened six days a week at the following times: -
 - Mon 8:30 - 5pm
 - Tue 8:30 - 8pm
 - Wed 8:30 - 5pm
 - Thur 8:30 - 8pm
 - Fri 8:30 - 5pm
 - Sat 8:30 - 2:30pm

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. This was highlighted on the practice website and on the service's information leaflet.

Are services responsive to people's needs?

- The service had a complaints policy and procedures in place. The service had received two complaints since the provision of service commenced. We noted that one complaint had been resolved and the other was still being processed. The service told us that complaints received are used as a learning tool to improve the provision of care provided at the service. Complaints and feedback received was a standing agenda item for discussion at the service's monthly staff meeting.

Are services well-led?

We rated well-led as Good because:

The service had policies in place to enable the service to run effectively and the vision to deliver good quality care and outcomes for patients. The culture at the service allowed staff to feel comfortable when raising concerns and service engaged regularly with stakeholders to ensure an overall quality service.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. As a new service, the priority for the service was to ensure that patients attending the service received good quality care. The service manager told us that the service hoped to employ further consultants in the near future to be able to offer an increased range of specialised treatments.

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.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant). The service spoke with the inspection team about the vision and values of service and how they hope to expand the provision of services. The inspection team viewed a two-year action plan developed by the service outlining specific goals that the service wanted to achieve. These goals included running patient focus groups and employing apprentices to work at the service. The service goals also included making contact with local GP practices via the local NHS Integrated Care Board (ICB) in the immediate future, to ascertain if they could assist with meeting local patient demand for GP services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. A staff member we spoke with told us that they enjoyed their role and that the service manager and all GP's/Consultants were visible and approachable.
- The service focused on the needs of patients. This was evidenced through the provision of a variety of services available at the clinic.
- The service told us that they would act on behaviour and performance inconsistent with the vision and values.
- The service told us that openness, honesty and transparency would be expected from all staff when responding to any incidents and complaints. This was evidenced in the service response to the resolved complaint we viewed. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff told us they could raise concerns 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 plans for regular appraisal and career development conversations, which had not yet due to the length of time the service had been operational. All members of staff 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, however not all staff files we viewed on the day of inspection had evidence that staff had received equality and diversity training. Of the three staff files we viewed, only one file contained evidence of equality and diversity training. The inspection team spoke with the service manager about this and after the day of inspection, we received copies of the missing training certificates from the staff files we viewed.
- There were positive relationships between all staff members. This was evidenced through discussions we observed between staff members whilst we were on site.

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 service had several policies and procedures in place to assist with the management of the service. Policies and procedures also covered management of partnerships with external stakeholders. An example of these systems was the service level agreement in place with the company employed by the service to collect and dispose of clinical waste.
- Staff were clear on their roles and accountabilities and would refer to senior colleague where applicable.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted that the service had a variety of service protocols which staff could refer to. These were available on the service's shared computer system.
- The service manager had produced a wall of health and safety procedures at the service, as a one-stop for staff to go to (in the first instance) when seeking information relating to health and safety issues.
- The service used performance information, which was reported and monitored, and management and staff were held to account. The service had monthly clinical governance meetings as well as all staff meetings where data relating to the provision of services was discussed.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the Information Commissioner's Office (ICO). Patient information was held and stored in accordance with General Data Protection Regulations (GDPR).

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. Two of the GP directors and the service manager were responsible for the day-to-day management of the service which included performance of the service and management of risk.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and patient notes. The service manager had oversight of safety alerts, incidents, and complaints. These were cascaded to staff at the service when required in a timely manner.
- The service had plans in place and had trained staff for major incidents.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners (when required) to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Feedback for patients could be given through a patient questionnaire. The service did not subscribe to an independently verified review website or have the facility for patients to post reviews on the service website, but we saw positive reviews of the service on the internet. Feedback opportunities for staff were available via staff meetings or an ad-hoc conversation with the service manager.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service manager told us the service had recently started to form a patient participation group. The intention for the group would be to provide the service with feedback which would be acted upon (where appropriate). Staff training was encouraged, and relevant training arranged when a training need had been identified.