

The Care Oncology Clinic at 76 Harley Street

Inspection report

76 Harley Street
London
W1G 7HH
Tel: 02038555939
www.careoncologyclinic.com

Date of inspection visit: 21 March 2023
Date of publication: 14/06/2023

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 The Care Oncology Clinic at 76 Harley Street on 21 March 2023 as part of our inspection programme.

The service offered care and treatment to cancer patients.

The clinic manager 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not request patient feedback with CQC comment cards. We spoke to four patients during this inspection and received positive feedback.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of quality improvement activity including clinical audits.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had systems to manage and learn from complaints.
- The service held regular clinical governance meetings and minutes were maintained.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review the complaints policy and include information regarding how to escalate the complaint if the patient was not satisfied with the response to their complaint.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to The Care Oncology Clinic at 76 Harley Street

The Care Oncology Clinic at 76 Harley Street is an independent clinic in central London.

Services are provided from: 76 Harley Street, London W1G 7HH. We visited this location as part of the inspection on 21 March 2023.

The service provides care and treatment to cancer patients. On average the service offers 250 appointments per month.

The service was open to adults only.

Online services can be accessed from the practice website: www.careoncologyclinic.com

The clinic is open from 9am to 5pm Monday to Friday.

The clinical team consists of four consultant oncologists supported by a clinic manager and a team of administrative staff.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by 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?

We rated safe as Good because:

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 refresher training.
- The service offered healthcare services to adults only. The service had systems to safeguard vulnerable adults from abuse.
- 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 service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and received a DBS check.
- There was an effective system to manage infection prevention and control. Regular infection control audits were carried out. There were systems for safely managing healthcare waste.
- The service carried out a legionella risk assessment on 7 September 2022 and regular water temperature checks had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service 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 service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- On registering with the service, the patient's photographic identification was verified.

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.
- There was an effective induction system for staff tailored to their role.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Patient records were stored securely using an electronic record system. 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.
- 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.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service prescribed a combination of five medicines to treat cancer patients. They had a set prescription proforma and doctors were not able to prescribe any additional medicine. They did not treat acute or long term conditions.
- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.

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 had an up to date fire risk assessment (24 May 2022) in place and they were carrying out regular fire safety checks.
- We noted that the safety of electrical portable equipment was assessed (7 September 2022) at the premises to ensure they were safe to use.
- The fire extinguishers were serviced annually.
- The fire drills were carried out.
- Electrical installation condition checks of the premises had been carried out on 12 November 2019.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events.
- 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.

Are services safe?

- The service 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 for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

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 (relevant to their service).

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were mostly clearly recorded and presented with explanations to make their meaning clear.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The service involved patients in regular reviews of their medicines. After the initial consultation (45 minutes), the service offered 8 weeks and 12 weeks follow up consultations to monitor and adjust the treatment according to a patient's symptoms and needs. The doctors had access to all previous notes.
- The doctors advised patients what to do if their condition got worse and where to seek further help and support.
- Patients were able to contact the doctor to discuss any concerns.
- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The clinical audit had a positive impact on the quality of care and outcomes for patients. For example, between February 2016 and March 2021, the service conducted a retrospective study on the survival rates of patients with Glioblastoma (a fast-growing and aggressive brain tumour) who had undergone treatment at the clinic. This study identified an improved median survival rate compared with similar cohort studies. However, they could not conclude that this was solely attributable to the service's treatment protocol.
- The service carried out a comprehensive record keeping audit to ensure effective monitoring and assessment of the quality of the service.
- We found the service followed up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in a patient's record.
- The service collected patient feedback to monitor the quality of care and treatment provided. Pre-appointment and post-appointment questionnaires were completed by the patients to measure the effectiveness of the treatment offered.

Are services effective?

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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctors were following the required appraisal and revalidation processes.
- The service 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.
- Staff had received training relevant to their role.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, real time clinic letters were produced to enable seamless transfer of information to patients and their primary care providers.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The service had extensively risk assessed the treatments they offered and the five medicines they prescribed. Where patients agreed to share their information, we saw evidence of letters sent to their medical consultant in line with GMC guidance.
- Patient information was shared appropriately 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.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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.

Are services effective?

- 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?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not request patient feedback with CQC comment cards. We spoke with four patients over the telephone during this inspection.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online which was positive.
- 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 service sought feedback on the quality of clinical care patients received.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- Patients told us 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.
- We saw that procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service had comprehensive patient information available explaining the procedures and what to expect.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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:

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.

- Patient's individual needs and preferences were central to the planning and delivery of tailored services.
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of their patients.
- The facilities and premises were appropriate for the services delivered. The services were offered on the basement floor. The patients with mobility issues were accommodated on the ground floor or the service offered a telephone consultation for patients who were fatigued, physically impaired or undergoing an existing treatment.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible. Patients were offered various appointment dates to help them arrange suitable times to attend.
- Appointments were available on a pre-bookable basis. Consultations were available between 9am to 5pm on Monday to Friday. The service published information about this on the service website and the patient leaflet.
- Patients could access the service in a timely way by making their appointment online or over the telephone. No appointments were offered over the weekend.
- The service carried out a responsive time audit and found that 60% of emails were responded to within two hours and 97% of emails were responded to on the same day.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own NHS GP or NHS 111.

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. However, some improvements were required.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. However, the policy did not include information regarding how to escalate the complaint if they were unhappy with the clinic's response to their complaints. However, this information was included in the patient's leaflet.

Are services responsive to people's needs?

- The service had received three complaints in the last 12 months. Complaints were logged and analysed. The service learned lessons from individual concerns, complaints and analysis of trends. It acted as a result to improve the quality of care. For example, the service offered customer service training to the non-clinical staff to improve the service.
- The records we looked at showed that complaints were responded to in a timely manner. However, the response did not inform patients regarding how to escalate the complaint if they were not satisfied with the response to their complaint.
- The service was registered with the Independent Sector Complaints Adjudication Service (ISCAS).

Are services well-led?

We rated well-led as Good because:

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.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored the progress against the delivery of the strategy.

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.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 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. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- 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
- We saw examples of how leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. For example, we saw minutes of regular board meetings and clinical governance meetings where governance matters were discussed.

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 doctors worked closely and discussed complex cases with each other.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had plans in place and had trained staff for major incidents.

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 service used performance information which was reported and monitored and management and staff were held to account.
- Patient assessments and consultation notes were recorded on a secure electronic system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we noted the doctors used their portable computing devices to carry out online video consultations and they were not using a secure programme.
- The service submitted data or notifications to external organisations as required.
- The service was registered with the Information Commissioner's Office (ICO).

Engagement with patients, the public, staff and external partners

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

- The service encouraged and valued feedback from patients. These were reviewed and considered by the provider.
- There were examples of compliments received by the service. We saw a number of positive comments documented on the online review websites at the time of our inspection. This was highly positive about the quality of service patients received.
- We spoke with four patients. They were positive about the care and treatment offered by the service, which met their needs. They said they were listened to and treated with dignity and respect.

Continuous improvement and innovation

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

Are services well-led?

- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.