

Harley Street Homecare Ltd

Harley Street Homecare Limited

Inspection report

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Overall summary

We carried out an announced inspection on 18 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was not providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

Background

Harley Street Homecare Ltd is an independent provider of medical services and treats adults in the London Borough of Westminster. The clinic is attached to a private pharmacy. The clinic is led by an independent prescribing pharmacist who is the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medical consultations for minor ailments and for patients with long term conditions are carried out by the independent prescribing pharmacist. Locum doctors and GPs were used to review complex patients when required. The provider also offered travel vaccinations and a dispensing pharmacy service for patients in the same premises.

The service employs one reception and administrative staff. The service use one regular locum doctor (not on the GP register) and one regular locum GP who do not have a contract with the service.

Summary of findings

The clinic is located in the lower ground floor. The property is leased by the provider and consists of a small reception area, a consulting room, a travel clinic room and a pharmacy. The clinic is open between 10am and 7pm Monday to Friday.

The provider informed us that they are not busy and have only seen five patients in the last year. The clinic has a problem with damp descending from the roof which had damaged their walls. The registered manager informed us that due to this issue they are actively looking to move to new premises.

Harley Street Homecare Ltd is registered with the Care Quality Commission to provide the regulated activity treatment of disease, disorder or injury.

Our key findings were:

- There were limited arrangements in place to keep patients safe. We identified issues in relation to responding to medical emergencies, safeguarding, infection control, staff recruitment and the safe use of medicines.
- There was some evidence that staff were aware of current evidence based guidance. Not all staff had been trained to provide them with skills and knowledge to deliver effective care and treatment.
- There was limited evidence of quality improvement and they had not done any clinical audits.
- Information on how to complain was available. The clinic had not received any complaints in the last 12 months.
- There were limited governance arrangements in place. The policies and procedures in place were not adequate.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way for service users including a system in place for managing significant events, safeguarding, infection control, staff recruitment, responding to medical emergencies, monitoring of the health and safety of patients and staff, the safe use of medicines and there is a business continuity plan in place.
- Ensure medicines are managed safely.
- Ensure patient needs are assessed and care delivered in line with relevant and current evidence based guidance and standards and there is a quality improvement process in place.
- Ensure there is a system in place to allow written communication between the clinic and patients' NHS GPs.
- Ensure there is formal supervision and support for clinical staff.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure policies and procedures are in place and they are up to date.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review practice procedures to ensure that there is a chaperone policy in place and notices displayed to advise patients that chaperones are available if required.
- Review practice procedures to ensure there is a system in place to monitor the use of prescriptions used for controlled drugs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There were limited arrangements in place to keep the patients safe. We identified issues in relation to responding to medical emergencies, safeguarding, infection control, staff recruitment and the safe use of medicines.
- There was no system in place for the reporting and investigation of incidents and significant events.
- The clinic had limited arrangements in place to respond to medical emergencies and major incidents.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There was some evidence that staff were aware of current evidence based guidance.
- The clinic referred patients to other services appropriately.
- Not all staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was limited evidence of quality improvement and they had not performed any clinical audits.
- There were no formal processes in place to ensure all members of staff received an appraisal.
- There was no system in place to ensure staff had received training appropriate to their roles, including training in infection control, fire safety awareness, basic life support and chaperoning.
- There was limited evidence of formal clinical supervision, mentorship or support.

Are services caring?

We found that this service was not providing caring services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- Staff we spoke with were aware of their responsibility in relation to people's diversity and human rights.
- The clinic had small consulting and treatment rooms and curtains were not provided to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The clinic was usually not busy so they had a room available if patients wanted to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

We found that this service was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- Information about the services provided was not available. The clinic had a complaints procedure and complaints form available. The service had not received any complaints in the last 12 months.
- Appointments were available Monday to Friday.
- The clinic did not have a system in place to receive feedback from patients.
- The clinic offered travel vaccinations and there was a dispensing pharmacy service for patients in the same premises.

Summary of findings

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There were limited governance arrangements in place. The policies and procedures in place were not adequate.
 - There was no clinical leadership and quality assurance processes in place to encourage learning and continuous improvement.
 - There was limited evidence of formal clinical supervision, mentorship or support.
 - There were limited arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
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Harley Street Homecare Limited

Detailed findings

Background to this inspection

We carried out an announced inspection on 18 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor and a member of the CQC medicines team.

During our visit we spoke with the reception staff, registered manager and one locum doctor. We reviewed five personal care or treatment records of patients and also staff records.

The clinic had not seen any patients in the last month so we did not receive any completed CQC comment cards from patients. We did not speak to any patients on the day of the inspection as there were no patients.

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 found that this service was not providing safe care in accordance with the relevant regulations.

Reporting, learning and improvement from incidents

- There was an incident reporting policy for staff to follow; however there were no procedures in place for the reporting and investigation of incidents and significant events. The practice informed us that they have not had any significant events or incidents in the last 12 months.
- The registered manager did not adequately demonstrate an understanding of which incidents were notifiable under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We did not find anything which had needed this response.

Reliable safety systems and processes (including safeguarding)

The clinic did not have adequate arrangements in place to minimise risks to patient safety.

- Arrangements for safeguarding did not reflect relevant legislation and they did not have a process for making safeguarding referrals. There was a safeguarding policy in place but it did not have the local contact details for staff. There was no lead member of staff for safeguarding. The clinical staff had received level two child safeguarding training and the administrative staff had not received any safeguarding training. The practice informed us that they did not see any children in their clinic. Although they had not completed a risk assessment to demonstrate their reasoning and risk mitigation.
- Staff interviewed did not adequately demonstrate that they understood their responsibilities regarding safeguarding. There was no process in place to alert clinical staff of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. The clinic did not have a system to record patients' needs to ensure they are flagged up on future visits.
- The clinic did not have a chaperone policy in place. The provider did not have any designated staff who acted as chaperones.

Medical emergencies

The clinic did not have adequate arrangements in place to respond to emergencies and major incidents.

- The clinic had no defibrillator or medical oxygen available on the premises and had not performed a risk assessment to determine the need for these.
- There was no system in place to ensure all staff receive annual basic life support training. The registered manager had completed the basic life support training. However we did not find any evidence of basic life support training for the locum doctor and administrative staff.
- The clinic only had an anaphylaxis kit with adrenaline injection (a medicine used to treat life-threatening allergic reactions) and hydrocortisone injection (a medicine used to reduce inflammation) which were in date. The water used for injections was out of date. The clinic had no other emergency medicines and had not performed a risk assessment to determine the need for other emergency medicines. The service did not perform or record regular checks for these medicines.
- The service had an urgent and emergency care protocol which explained the procedure for staff to follow during medical emergencies. This protocol had local emergency contact details.
- The clinic did not have a business continuity plan in place for major incidents such as power failure or building damage.

Staffing

- The locum doctor we spoke to during the inspection is registered with the General Medical Council (GMC) the medical professionals' regulatory body with licence to practice; however the locum doctor is not on the GP register.
- The locum doctor and pharmacist had professional indemnity insurance that covered the scope of their practice.
- The locum doctor was following the required appraisal and revalidation process.
- The practice did not have a recruitment policy. We reviewed the personnel file of one clinical and one non-clinical member of staff and found that some of recruitment checks were not undertaken prior to employment. For example, proof of identification and references were not obtained before employing staff.

Are services safe?

Monitoring health & safety and responding to risks

There were limited arrangements in place for assessing, monitoring and managing risks to patient and staff safety.

- There was no health and safety policy available and they had not performed a health and safety risk assessment of the premises.
- The clinic did not have a fire risk assessment or a fire evacuation plan. The clinic did not have any fire alarms and only had smoke alarms. They did not have any fire marshals. The practice had a fire extinguisher which was regularly checked.
- We did not see evidence of any other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider informed us that all the risk assessments were performed by the owner of the premises; however they did not provide us with any evidence to support this or to demonstrate they had checked and were clear the premises were safe for staff and patients to use.

Infection control

- We observed the premises to be clean and tidy at the time of our inspection; however the clinic had a problem with damp descending from the roof which had damaged clinic walls. There were no cleaning schedules in place.
- The cleaning equipment was not appropriately stored and there was a risk of cross contamination.
- The service did not have a confidentiality agreement in place for the cleaner.
- There was no infection control policy in place and not all staff had received up to date infection control training. A professional company was contracted to remove clinical waste; however clinical waste was not appropriately segregated. Clinical waste bags used were not appropriate. Sharps bins used were not appropriate and they were not labelled and dated.
- We saw no evidence that an infection control audit had been undertaken to identify, monitor and mitigate infection control risks. The registered manager confirmed that infection control audits had not been carried out.

Premises and equipment

- The practice did not have a policy to ensure that electrical equipment were checked and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- We did not see any records of portable appliance testing and clinical equipment calibration. However the practice informed us that all clinical equipment they had were all recently purchased.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines.

- There was a prescribing standard operating procedure in place.
- The clinic did not have a system in place to monitor the implementation of national patient and medicines safety alerts. The registered manager showed us a file of alerts that had been reviewed; however the last alert they had reviewed was from December 2016.
- All prescriptions were issued on a private basis. The clinic had a prescription template and headed note paper which they used for issuing regular prescriptions and the provider informed us that these were usually kept in a locked drawer. Prescription pads for controlled drugs were stored securely in a locked cabinet; however they did not maintain a register to log their use. The controlled drugs prescriptions template used the provider's previous address and we asked the provider to dispose them.
- The clinic did not carry out audits to monitor the quality of their prescribing.
- The prescribing pharmacist and the locum doctor we spoke to informed us that they followed National Institute for Health and Care Excellence (NICE) and British National Formulary (BNF) guidance for prescribing. However we did not see any evidence to support this.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Assessment and treatment

- The clinic provided limited evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The prescribing pharmacist and the locum doctor we interviewed indicated that they followed National Institute for Health and Care Excellence (NICE) best practice guidelines for care and treatment they provided; however we saw limited evidence to support this.
- The practice had a standard operating procedure on prescribing.
- The patient assessment form used by the clinic included some lifestyle questions; however it required further improvement.
- The provider informed us that they were not busy and had only seen five patients in the last year. All patients were seen by the prescribing pharmacist and they have not used any locum doctors or locum GPs during the last year.
- We reviewed five sets of medical records and found that generally the clinical findings and diagnosis were not appropriately recorded.

Monitoring and improving outcomes for patients

- There was no evidence of quality improvement. The service had not undertaken any clinical audits.

Staff training and experience

- The clinic did not have an induction programme for newly appointed staff. There was a staff handbook available explaining the local procedures; however these were not sufficient.
- The clinic could not demonstrate that staff had undertaken role-specific training and relevant updates. The provider informed us that the administrative staff was under probation and will be completing mandatory training when their employment was confirmed.
- There were no formal processes in place to ensure all members of staff received an appraisal.
- There was limited evidence of formal clinical supervision, mentorship or support.

Working with other services

- There was no evidence of written communication between the clinic and patients' NHS doctors'. They did not routinely ask and record the details of the patients' NHS GP and did not ask for patients' consent to share details of their consultation.
- The registered manager confirmed they referred patients to other services as required and we saw evidence to support this.

Consent to care and treatment

- There was no consent policy and we did not see any evidence of where consent had been obtained.
- The prescribing pharmacist we spoke to did not adequately demonstrate understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. (Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). The provider informed us that they do not see any patients under the age of 18.

Are services caring?

Our findings

We found that this service was not providing caring services in accordance with the relevant regulations.

Respect, dignity, compassion & empathy

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We were unable to speak to patients at our inspection as no appointments were booked.
- The clinic had small consulting and treatment rooms and curtains were not provided to maintain patients' privacy and dignity during examinations, investigations and treatments.

- The clinic was usually not busy so they had a room available if patients wanted to discuss sensitive issues or appeared distressed.
- Patients medical records were not stored in locked cabinets; however all the rooms were kept locked.

Involvement in decisions about care and treatment

We saw no evidence that the clinic gave patients clear information to help them make informed choices about the services offered and information on fees.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was not providing responsive care in accordance with the relevant regulations.

Responding to and meeting patients' needs

- Access to the clinic was not suitable for people with limited mobility and those who used a wheelchair or those with prams and pushchairs as there were steps leading down to the main entrance. The registered manager told us that wheelchair users could use their neighbouring clinic ramp access to enter their premises; however we were not shown this during the inspection.
- The premises did not have a waiting area for patients.
- The registered manager told us that staff could speak many languages and therefore translation services were not used.
- The clinic offered travel vaccinations and a dispensing pharmacy service for patients in the same premises. These were not regulated by CQC and were not inspected as part of this inspection.
- There was no clinic leaflet available for patients which explained the services offered by the clinic.
- The clinic had no website.
- All patients attending the clinic referred themselves for treatment; none were referred from NHS services. The clinic told us they referred patients to other services when appropriate.

Tackling inequity and promoting equality

- The clinic offered appointments to both local and overseas patients and did not discriminate against any nationality.

Access to the service

- The clinic was open Monday to Friday from 10am to 7pm. Appointments were available on a pre-bookable basis. Generally, patients could access the service in a timely way by making their appointment either in person or over the telephone. The service did not offer appointments outside of these times.

Concerns & complaints

The clinic had a system in place for handling complaints and concerns. However they did not have a system in place to gather feedback from patients.

- The service had a complaints procedure in place and a complaints form for patients to complete.
- The clinic did not have a complaints leaflet or other method of explaining the complaints procedure for patients.
- The clinic had not received any complaints since they started operating so we were not able to review any complaints during the inspection.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Vision and strategy

- The clinic had a vision to deliver high quality care and promote good outcomes for patients.
- There was no strategy or business plans in place to deliver the vision.
- There was no mission statement available.
- The clinic had a problem with damp descending from the roof which had damaged their walls. The registered manager informed us that due to this issue they were reluctant to invest in developing this service and were actively looking to move to new premises. The provider was planning to introduce online consultations after they moved premises.

Governance arrangements

The clinic had limited governance arrangements in place to support the delivery of good care.

- There was no clear staffing structure and staff were not aware of their own roles and responsibilities. The registered manager was the only person who led the service.
- There were no practice specific policies available for staff. The practice had some protocols in place, however these were not dated and therefore we could not establish when they were last reviewed.
- The practice only had one employed staff and told us they did not have staff or governance meetings.
- There was no programme of quality improvement in place to monitor quality and to make improvements. The service had not performed any clinical audits or infection control audits. There were no medicine audits to monitor the quality of prescribing.

- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the clinic had no defibrillator or medical oxygen available on the premises and had not performed a risk assessment to determine the need for these or mitigate the risk of not having them.
- The medical records were on paper and there was no computerised clinical system; there was no filing system in place to refer to previous consultations for a patient.

Leadership, openness and transparency

- There was no formal clinical leadership and oversight. The registered manager of the clinic was a prescribing pharmacist who saw the patients and prescribed medications. Lack of regular patients meant they had not used any locum doctors in the last year.
- Staff told us that there was an open culture within the practice and felt they could raise any issues with management.
- Staff said they felt respected, valued and supported by the registered manager of the clinic.

Learning and improvement

- The practice had no quality assurance processes in place to encourage learning and continuous improvement.
- There was limited evidence of formal clinical supervision, mentorship or support.

Provider seeks and acts on feedback from its patients, the public and staff

- The clinic did not have a system in place to gather feedback from patients or staff.
- The registered manager informed us that they use a feedback form to gather feedback from patients. The clinic had not received any feedback from patients during the last 12 months.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that care and treatment is provided in a safe way for service users.</p> <p>This was in breach of regulation 12(1) and 12(12) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had systems and processes in place that were operating ineffectively in that they failed to ensure all staff are aware of their roles and responsibilities in relation to safeguarding and had received safeguarding training at a suitable level for their role.</p> <p>This is in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care.</p>

This section is primarily information for the provider

Requirement notices

The provider had not ensured to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The provider had not ensured to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was in breach of regulation 17(1) and 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider had not ensured that all staff have received appraisal and training to enable them to carry out the duties that they are employed to perform.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.