

# Harley Walk-In Clinic

## Inspection report

13 Queen Anne Street  
London  
W1G 9JH  
Tel: 020 7323 1023

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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?

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 Harley Walk-in Clinic on the 5 June 2019 as part of our inspection programme.

The Harley Walk-in Clinic is a private doctor consultation and treatment service. The clinic offers private consultations with a general physician and a nurse with additional medical screening and vaccination services.

Ms Alya Shakir 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.

We received feedback from 28 people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

## Our key findings were :

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult safeguarding to level two and child safeguarding training to level three. Non-clinical staff were trained to level two for child safeguarding and level one for adults.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

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

- Review the arrangements for staff training and induction to ensure that all staff complete all the mandatory training.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector and a GP specialist advisor.

## Background to Harley Walk-In Clinic

The Harley Walk-in Clinic is a provider of private general practitioner service. The service is located in 13 Queen Anne Street, London, W1G 9JH. The provider offers the following services: doctor and nurse appointments, specialist referrals, radiology referrals, phlebotomy and medical testing, sexual health testing, pre-employment and visa screening, general health screening and occupational and adult vaccinations.

The service is open Monday to Friday from 8am to 6.30pm and 10am to 4pm on Saturdays.

Their website address is;

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury
- Diagnostic and Screening Services.

Patients could book appointments on the same day or in advance. The service did not manage patients with long term conditions or childhood immunisations.

We carried out this comprehensive inspection 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.

As part of the preparation for the inspection we also reviewed information provided to us by the provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to 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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks 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 had received a DBS check. Not all staff had completed mandatory training such as fire, infection control and clinical governance training, however these two members of staff had started six weeks prior to the inspection and were expected to complete the training in a few weeks.
- There was an effective system to manage infection prevention and control. The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### 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 agency 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.
- We saw evidence all staff had received annual basic life support training. The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### Information to deliver safe care and treatment

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results, health assessment reports and advice and information about treatment provided.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- 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 systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The provider had systems in place for checking the identity of patients attending the service; including protocols to ensure parental authority was gained for children and minors attending the service.

## 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 monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

- The provider had a system in place for reviewing and acting upon patient safety alerts and ensured that the appropriate action was taken and documented in response to these alerts.

## 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, when an incorrect blood test result was sent directly to a patient, the service changed the procedures with their laboratory to ensure that all tests were verified prior to the patient being contacted. The service quickly realised the error and contacted the patient.
- The provider was aware of and complied with the requirements of the Duty of Candor. 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 provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider 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.
- The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. We saw evidence that random clinical audits were undertaken of consultation notes for each clinician employed by the service to ensure consultations were safe, based on current clinical guidance and that tests were ethically requested. Clinicians were then provided with feedback on the quality of their consultation.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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.
- The service had patient management software which enabled patients to log in to see their own medical records.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider was able to demonstrate quality improvement through completed two-cycle audits and

GP consultation reviews that were in place to ensure all consultations were in line with national guidance and that billing was appropriate and ethical. We reviewed two completed clinical audits which demonstrated quality improvement. For example, we reviewed an audit which resulted in an improved clinical protocol for identifying urinary tract infection symptoms

- The service carried out regular patient surveys, the results of these were shared with all staff. This had resulted in improvements such as more consistent post consultation follow up and an improved patient waiting area.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **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-centered care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

## Are services effective?

- 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. If patients agreed we were told a letter was sent to their registered GP, we saw examples of this on the day of inspection.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. 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.

### 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All clinical staff had received training on the Mental Capacity Act 2005.
- 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.**

- Feedback from patients was positive about the way staff treat people.
- We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 28 completed comment cards all of which were positive and indicated patients felt the service received was excellent. They felt that the premises were clean and that staff treated them with dignity and respect.
- From the services own survey 95% of patient's surveys said that their GP was very helpful or extremely helpful.
- 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.

### **Involvement in decisions about care and treatment**

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

- For patients not fluent in English the service had access to a telephone translation service and would use an online written translation programme if necessary. The service also had multi-lingual members of staff with a total of 12 languages spoken.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Patients were able to access their own clinical records at home via the services clinical records system.

### **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.**

- The provider made it clear to patients on their website what services were offered and the limitations of the service. For example, the service only provided adult vaccinations and did not provide childhood immunisations. This information was clearly listed on their website.
- The facilities and premises were appropriate for the services delivered.
- The service was set up to provide GP services at a convenient central London location and could be used by patients with or without an NHS GP.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The services patient management software would give them information on the issues that patients were coming with and they would use this information to tailor services to meet their needs.

## **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.
- Patients reported that the appointment system was easy to use.
- The service is open Monday to Friday from 8am to 6.30pm and 10am to 4pm on Saturdays, appointment times were listed on the providers website. Patients booked appointments by phone or online.
- The service offered a sexual health screening service where results would be sent to the patient the same day where possible.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example; following an incorrect blood test result being sent to a patient the service made a change in their internal processes with their partner laboratory relating to the reporting of test results.

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# 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### 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.
- The provider's strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in Central London.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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, including nurses, were considered valued members of the team. They were given protected time for professional 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 teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

#### There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## 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.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

### Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, as a result of patient feedback the service had improved their follow up process after consultations.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service produced a staff newsletter outlining the performance of the service and feedback from patients.
- 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 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.
- The services patient management software allowed them to analyse trends and tailor services to meet them and also allowed patients to access their records and share them with their GP.
- The service was looking to improve their accessibility online with enlarged text for patients who were sight impaired.
- There were systems to support improvement and innovation work.