

10 Harley Street

Inspection report

10 Harley Street
London

Tel: 07956 925272

www.homehealthservice.co.uk/harley-street-clinic

Date of inspection visit: 14/05/2019

Date of publication: 10/07/2019

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. (Previous inspection 22 May 2018 we found that this service was not providing safe and effective care but was providing caring, responsive and well-led care in accordance with the relevant regulations).

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

The full comprehensive report following the inspection on 22 May 2018 can be found by

selecting the 'all reports' link for 10 Harley Street on our website at .

We carried out an announced comprehensive inspection at 10 Harley Street 14 May 2019 to follow up on breaches of regulations.

CQC inspected the service on 22 May 2018 and asked the provider to make improvements regarding;

- Adult safeguarding training was not up to date.
- Verbal consent from patients was not recorded.
- No emergency medicines were carried by the GP to home visits and there was no risk assessment to support this decision. There was no risk assessment in respect of the emergency equipment available at 10 Harley Street.
- Vaccines were occasionally stored overnight in a domestic fridge containing food.
- The thermometer, portable sphygmomanometer and adult pulse oximeter had not been calibrated.
- There was no process documenting how patients were informed that chaperones are not available for home visits and there was no risk assessment regarding staff at 10 Harley Street having appropriate chaperone training and DBS checks.
- No quality improvement activity had been completed, such as clinical audits.
- There were no systems for ensuring oversight and management of some risks, including in relation to emergency equipment and chaperones.

We checked these areas as part of this comprehensive inspection and found this had been resolved.

We carried out this 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.

The sole GP at the service, who runs Home Health Service Limited, is the registered manager. A registered manager is a person who is registered with the CQC 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 asked for CQC comment cards to be completed by patients prior to the inspection and these were sent to 10 Harley Street in central London. No patients attended an appointment at the 10 Harley Street premises during the two weeks the comment cards were available, and therefore no comment cards had been completed.

Our key findings were :

- The service had appropriate systems to safeguard children and vulnerable adults from abuse, and the GP had completed up to date adult and children safeguarding training.
- The GP had had an enhanced Disclosure and Barring Service (DBS) check and was registered with the General Medical Council (GMC).
- At the time of inspection, no emergency medicines were carried by the GP to home visits and a risk assessment had been completed to support this decision. A risk assessment had been completed in respect of the emergency equipment available at the 10 Harley Street premises.
- Clinical equipment used by the GP such as thermometer, portable sphygmomanometer and adult pulse oximeter had not been recently purchased and the provider intended to purchase annually.
- The GP received medicines and other safety alerts by email from the Independent Doctors Federation, and demonstrated an awareness of recent safety alerts, although there was no system in place to document these.

Overall summary

- Individual care records were written and managed in a way that kept patients safe, and referral letters were thorough and contained all of the necessary information.
- Blank prescriptions were kept securely and arrangements for dispensing medicines at the service kept patients safe. 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to 10 Harley Street

10 Harley Street is an independent health service based in London and Hertfordshire. The provider, Home Health Service Limited, offers private GP services to both adults and children. The service provides home visits to patients in parts of London and Hertfordshire, and consultations at 10 Harley Street in central London. The service rents the room at 10 Harley Street when necessary, but staff who work at these premises are not employed by the provider.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder and injury.

Appointments are available upon request at the 10 Harley Street premises from Monday to Friday from 9am to 8pm and on weekends from 9am to 5pm. Home visits are available from Monday to Sunday from 8am to 10pm.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

The inspection was carried out on 14 May 2019 and we attended the 10 Harley Street premises where the GP sometimes carries out appointments. During the visit we:

- Spoke with the GP.
- Reviewed a sample of patient care and treatment records.
- Reviewed patient feedback.

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?

When we inspected the service in May 2018, we found that this service was not providing safe care in accordance with the relevant regulations. Specifically, we found;

- Adult safeguarding training was not up to date.
- Verbal consent from patients was not recorded.
- No emergency medicines were carried by the GP to home visits and there was no risk assessment to support this decision. There was no risk assessment in respect of the emergency equipment available at 10 Harley Street.
- Vaccines were occasionally stored overnight in a domestic fridge containing food.
- The thermometer, portable sphygmomanometer and adult pulse oximeter had not been calibrated.
- There was no process documenting how patients were informed that chaperones are not available for home visits and there was no risk assessment regarding staff at 10 Harley Street having appropriate chaperone training and DBS checks.
- There were no systems for ensuring oversight and management of some risks, including in relation to emergency equipment and chaperones.

At this inspection on 14 May 2019 we found improvements had been made.

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 GP had an enhanced Disclosure and Barring Service (DBS) check (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).
- The provider had 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.
- There was an effective system to manage infection prevention and control.
- A legionella risk assessment had been carried out on 31 May 2017, which did not identify any hazards to be actioned. (Legionella) is a term for a 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.
- Fire safety equipment was regularly tested and fire drills were completed annually.
- The landlord for the 10 Harley Street premises was responsible for electrical equipment safety checks called Portable Appliance Testing (PAT) and these were up to date.

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.

Are services safe?

- 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 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. The GP was registered with the General Medical Council (GMC) and was subject to professional revalidation.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The GP would complete contemporaneous paper records during consultations with patients, and these would then be transferred to the service's computer system.
- 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 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 had an appropriate controlled drug prescribing protocol in place. The GP explained that he did not often prescribe controlled drugs, but would use the appropriate private prescription form for Schedule 2 and 3 controlled drugs.
- 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.
- There were effective protocols for verifying the identity of patients including children, the service asked for the NHS "Red book" for under-fives to verify identity.

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.

Lessons learned and improvements made

The service learned and improvements when things went wrong.

Are services safe?

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place 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?

When we inspected the service in May 2018, we found that this service was not providing safe care in accordance with the relevant regulations. Specifically, we found;

- No quality improvement activity had been completed, such as clinical audits.

At this inspection on 14 May 2019 we found improvements had been made.

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.
- 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.

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 service had conducted one clinical audit in the last 12 months on antibiotic prescribing for patients presenting with sore throats. This audit showed that the Service was following current NICE guidelines regarding the prescription of antibiotics for sore throat, the second cycle of the audit was due in July 2019.

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.
- The lead GP was registered with the General Medical Council (GMC) and was 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

The provider 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.

Are services effective?

- 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 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.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including 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.

- The GP told us about cases he had dealt with which demonstrated an understanding of patients' personal and social needs.
- The service gave patients timely support and information.
- The GP telephoned all patients two or three days after their appointment to check how they were feeling and if they required any further assistance.
- No CQC comments cards had been completed as there had not been any consultations at the 10 Harley Street premises during the two weeks the comment cards were available. We saw examples of positive cards sent by patients to the GP following their appointments thanking them for the care and treatment provided.
- We saw evidence in patient records that the GP explained side effects of medicines to patients and involved them in decisions about their care.

Involvement in decisions about care and treatment

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

- Interpretation services were not available for patients who did not have English as a first language, however the service told us that they saw 95% of their patients in their own homes and family members would act as interpreters if needed.
- 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office.
- The service had a data protection policy which detailed the provider's responsibilities in relation to managing and processing personal information.
- Patient information and records were held securely. The service used an encrypted cloud-based system to store information, which was backed up every 30 minutes.
- We saw there was a privacy screen available for patients in the consultation room at 10 Harley Street if needed to maintain dignity.

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 understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- The service organised and delivered services to meet patients' needs. The 10 Harley Street premises were appropriate for the services delivered and the GP offered home visits to patients living in parts of Hertfordshire and London. Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs. Appointments were available upon request at 10 Harley Street from Monday to Friday from 9am to 8pm and on weekends from 9am to 5pm, however most appointments were home visits were available at the times specified and also from Monday to Sunday from 8am to 10pm.
- The service offered extended consultations of 45 minutes.
- The appointment system was easy to use; patients could book appointments by telephone or via the service's website.
- Consultation costs were displayed on the website.
- 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.
- We saw the service's complaints policy which detailed how patients could make a complaint, either by putting their concerns in writing or arranging an appointment with one of the business owners to discuss the issue.
- The service's complaints policy demonstrated that patients would receive an explanation of what had happened, an apology where appropriate, and an explanation of what the service would do to prevent the issue happening again.
- The service had not received any complaints in the last year and the GP said there were no instances where changes had been made to the service as a result of complaints being received.

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.
- The GP was responsible for the organisational direction and development of the service and the day to day running of it.
- 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 (where relevant).
- The service monitored progress against delivery of the strategy.

Culture

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

- 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.
- 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.
- 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.
- 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 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. The service had not seen many patients in the last year but we did see a positive feedback card sent to the service.
- Staff could describe to us the systems in place to give feedback. We also saw staff engagement in responding to these findings.
- 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.