

Harley Street Eye Clinic

Inspection report

86 Harley Street
London
W1G 7HP
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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

The 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 Street Eye Clinic on 9 May 2019 as part of our inspection programme. The provider had not been previously inspected.

Harley Street Eye Clinic, located at 86 Harley Street, London W1G 7HP, is a consultant-led provider of ophthalmic services.

The consultant lead 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.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Diagnostic & Screening Procedures and Surgical Procedures.

We were unable to speak with any patients during the inspection. However, as part of our inspection process, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. Four comments cards were completed, all of which are positive about the service experienced. Patients said that the service offers an excellent and professional service and staff are friendly, considerate and caring.

Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service carried out staff checks on recruitment, including checks of professional registration where relevant.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

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 included a GP Specialist Advisor.

Background to Harley Street Eye Clinic

Harley Street Eye Clinic, located at 86 Harley Street, London W1G 7HP, was founded in July 2017. The service is located within rented premises, occupied by the medical providers, and has access to three consultation rooms and two administrative offices on the first and second floors. There is a receptionist on the ground floor, a waiting room, accessible toilets and a patient lift.

The service is a consultant-led provider of ophthalmic services. No surgical procedures are undertaken at the location. Patients requiring ophthalmic surgery are seen at an independent private hospital. At this location, patients are seen for ophthalmic assessments and pre and post-operation consultations, for example cataract surgery. Patients can self-refer or be referred by other health professionals.

The day-to-day running of the service is provided by a business and a clinic manager. The service is overseen by lead consultant and owner of the service. The provider also employs a patient co-ordinator. There are two consultants who work under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services). We saw that all consultants hold NHS substantive positions.

The service offers pre-bookable face-to-face appointments to both adults and children. Patients can access appointments Monday to Friday 9am to 8pm. The provider told us that between April 2018 and April 2019 they have seen approximately 345 patients.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the lead consultant and business and clinic manager. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, patient survey results and complaints.

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.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a clinical safeguarding lead. We saw evidence that clinical and non-clinical staff had received safeguarding training appropriate to their role, for example clinicians to level 3 and non-clinical staff to level 2.
- The service had a system in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Staff immunisation was maintained in line with current Public Health England (PHE) guidance. DBS checks were undertaken on all staff in line with the provider's policy. 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.
- There was a chaperone policy in place and notices in the clinic to advise patients of this. Staff we spoke with who acted as chaperones had received a DBS and were aware of their role and responsibilities but had not received any formal training. Immediately after the inspection the service sent evidence that training had been delivered to staff who performed this role.
- Clinical staff had professional indemnity insurance that covered the scope of their private practice.
- There was an effective system to manage infection prevention and control (IPC). We observed that the premises were clean and tidy. The service had an IPC policy in place which was accessible to staff and an audit had been undertaken. There was a nominated IPC lead who had undertaken training and all clinical and non-clinical staff had undertaken training relevant to their role.
- The arrangements for managing clinical waste kept people safe.
- The service was operating from leased premises. Maintenance and facilities management was managed

by the landlord and overseen by the provider. We saw evidence that the fire alarm warning system and firefighting equipment was regularly maintained by an external contractor and there was evidence of lift maintenance and gas safety certificate. Various risk assessments had been undertaken for the building, including health and safety, asbestos, legionella and fire.

- We saw evidence of an electrical fixed installation report and that portable appliance testing (PAT) had been undertaken. The clinic was responsible for the calibration of medical equipment and we saw that ophthalmic equipment used for diagnostic purposes were on individual contracts and preventative service maintenance had been undertaken.

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.
- All clinical and non-clinical staff we spoke with knew how to respond to a medical emergency, knew the location of the emergency equipment, which included a defibrillator and medical oxygen, and had undertaken basic life support training. There were no panic alarms installed in the clinical rooms. Staff told us in the event of an emergency they would call for help or use the telephone. After the inspection the provider told us they were reviewing the process and considering other methods to raise an alarm which included panic alarm software integrated in their computer system.
- The service had a business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.

Information to deliver safe care and treatment

Staff had 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. Patient records were stored securely using an electronic record system. There were no paper records. Computers were password protected.
- The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.
- The service had a policy in place which described the process in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- Staff we spoke with demonstrated they prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. All prescriptions were handwritten and signed by the prescribing clinician and a copy scanned on to the patient record. The service did not hold any controlled drugs or stocks of medicines for dispensing.
- The service held a small quantity of eye drop solution, used for ophthalmic assessment, which required storage between 2oC and 8oC. They were stored in a small dedicated fridge; however, the service had not monitored the actual, maximum and minimum temperature in line with guidance. After the inspection, the provider sent evidence that they had disposed of the eye drop solution in line with their cold chain protocol and had procured a new fridge with a built-in thermometer and a secondary thermometer. The provider sent evidence that they were recording the actual, maximum and minimum temperatures of the new fridge daily.

Track record on safety and incidents

The service had a good safety record.

- There was a system for recording and acting on significant events and incidents. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- There was a formal system for receiving and acting on patient safety alerts and we saw evidence where recent alerts had been reviewed and action taken, where relevant.
- There were comprehensive risk assessments in relation to safety issues.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- The provider told us they used every opportunity to learn from all incidents.
- We saw that the service had adequately reviewed and investigated when things went wrong and took action to improve safety. We saw that incidents were discussed in meetings.
- The service was aware of and complied with the requirements of the Duty of Candour. Staff we spoke with told us the service encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and/or written apology.

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 and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- Clinical staff we spoke with told us they 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) and The Royal College of Ophthalmologists (RCOphth) clinical guidelines. All guidance was accessed on-line. The provider demonstrated current guidance on viral conjunctivitis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians we spoke with told us they advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service was involved in quality improvement activity.

- We saw that the provider had undertaken some quality improvement, which included patient feedback and clinical audits, which included an audit of cataract surgery and vitreoretinal surgery.
- There was a documented approach to the management of laboratory results and this was managed in a timely manner. The service operated a buddy system when consultants were not at the service.

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.
- We saw evidence that all clinical staff were registered with their appropriate professional body. For example, General Medical Council (GMC).
- Consultants working under practising privileges held NHS substantive positions.
- All clinicians had a current responsible officer. All doctors working in the United Kingdom are required to

have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise. The provider maintained a record to ensure doctors were following the required appraisal and revalidation processes.

- Up to date records of skills, qualifications and training were maintained.
- There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. There were clear and effective arrangements for following up on people who have been referred to other services.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. The provider told us that if a patient declined consent to share information with their GP, but it was felt it was in the patient's best interest to share the information; a further discussion would take place at the consultation to gain consent.

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.

- The service had a comprehensive range of information available on their website about ophthalmic conditions and treatments and literature sheets were available at the clinic to support patient consultations.

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.

Are services effective?

- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Arrangements were in place for a chaperone to be available, if requested.
- The service gave patients timely support and information.
- Feedback from patients through CQC comments cards was positive about the way staff treated people with patients describing staff as friendly, considerate and caring.
- The service had collected patient feedback between the period April 2018 to April 2019 and received 65 responses. Outcomes showed that 100% of patients had confidence and trust in the healthcare professional and 100% of patients felt involved in the decision making regarding their care and treatment.

Involvement in decisions about care and treatment

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

- The service gave patients clear and comprehensive information to help them make informed choices, including the cost of services.
- The service had access to formal interpretation services for patients who did not have English as a first language and British Sign Language (BSL) interpreters. Staff also spoke other languages which included Italian and the Arabic language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect.
- There were arrangements to ensure confidentiality at the reception desk.
- There were systems in place to ensure that all patient information was stored and kept confidential.
- All staff had received information governance training.
- 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 facilities and premises were appropriate for the services being delivered. Feedback from patients through CQC comments cards indicated that patients thought the clinic was a pleasant environment and was clean and hygienic.
- The provider understood the needs of their patients and improved services in response to those needs.
- Patient security had been considered and there was a door buzzer-controlled entry system. Patients presented to the receptionist on the ground floor and waited in a waiting room visible from the reception area. Refreshments were available. All patients were collected in person from the waiting room.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was ramp access to the premises and accessible toilet facilities on the ground floor. A lift was available to the first and second floor occupied by the provider.

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 consultations. Appointments were available on a pre-bookable basis on Monday to Friday 9am to 8pm.

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.

- The service had complaint policy and procedures in place which included timescales for acknowledging and responding to complaints with investigation outcomes. The centre manager was the designated responsible person to handle all complaints.
- The service had recorded one complaint in the last year which we reviewed and found it had been satisfactorily handled in a timely manner. We saw that staff treated patients who made complaints compassionately.
- The service had a system in place to record verbal complaints.
- 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.

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.

- The lead consultant, business manager and centre manager we spoke with were knowledgeable about issues and priorities relating to the quality and future of services.
- The service consistent of a small team and staff at all levels told us the success of the service was a result of the whole team. Everyone was important in the delivery 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.

- The provider prided itself on a highly personalised and caring journey for all its patients.
- There was a clear vision and set of values. The service developed its vision, values and strategy jointly with staff. The provider's mission statement, 'we are fully committed to deliver the highest quality of eye care resulting in the best quality outcomes. We care about our patients and our concern extends beyond the scope of ophthalmology. We will strive to remain at the forefront of technology and knowledge in our profession and are committed to excellence' was displayed for staff and patients.
- There was a realistic strategy and a business plan to achieve priorities.
- The service monitored its progress against delivery of the strategy.

Culture

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

- Staff told us they were proud to work for the service and felt respected, supported and valued.
- The service focused on the needs of patients and provided a personalised service tailored to the specific needs of the individual patient.

- 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 we spoke with 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 annual appraisal and training.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and accountabilities. Staff had lead roles, for example, infection control, complaints and safeguarding.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff we spoke with knew how to access policies and procedures.
- There was a meeting structure which included a fortnightly staff meeting, which were minuted.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was some evidence of quality improvement, including clinical audit.
- We saw evidence of regular staff meetings. Staff had undertaken appraisals and were required to undertake a range of mandatory training.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

Are services well-led?

- Patient consultations and treatments were recorded on a secure patient clinical system.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- All staff had undertaken information governance training.
- The provider submitted data and notifications to external organisations as required.
- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis. Feedback on a consumer review website showed the service had been awarded five stars (based on 23 reviews). Twenty-two of the 23 reviews had awarded the service five stars. Patients commented that the service offered high quality and personalised care and staff were professional, friendly and caring.
- The provider actively engaged with staff through one-to-one meetings, whole team meetings and appraisals.

Continuous improvement and innovation

There were 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.

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.