

Harley Street Healthcare Clinic Limited

Harley Street Healthcare Clinic

Inspection report

104 Harley Street
London W1G 7JD
Tel: 020 7935 6554
Website: www.harleystreet104.com

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Overall summary

We carried out an announced comprehensive inspection at Harley Street Healthcare Clinic on 21 February 2018 to ask the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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 provider, Harley Street Healthcare Clinic Limited, is registered with the CQC as an organisation providing private consultations, diagnosis and treatment by a GMC registered doctor from consulting rooms at 104 Harley Street, London W1G 7JD. The location is registered to provide the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner. At Harley Street Healthcare Clinic the aesthetic cosmetic treatments provided are exempt by law from CQC regulation. Therefore we did not inspect these services as part of this inspection.

The provider is the Medical Director and Registered Manager for the service. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

At this inspection we found:

- The practice had systems to manage risk and provide safe care and treatment.
- An annual service of the medical refrigerator and thermometer calibration was not undertaken to ensure this was functioning appropriately and there was no Cold Chain Policy in place to ensure the safe management of medicines stored in the fridge. Daily minimum and maximum temperatures were not recorded. The provider submitted evidence that immediately following the inspection they put in place a cold chain policy and had commenced written records.
- The premises were clean and tidy. The provider had undertaken a recent infection prevention and control (IPC) audit. However, there was no IPC lead with appropriate training identified within the service. Following the inspection the provider submitted evidence that the doctor successfully undertook appropriate training.
- The provider routinely reviewed the effectiveness and appropriateness of the service provided to ensure it was in line with current guidelines. They informed us

that they had arrangements in place to receive and comply with patient safety alerts. However, there was no formal record kept of actions taken and learning shared with staff.

- A Patient Guide was given to all patients when registering which included details of the service provided. Clear information regarding the cost of services was given on the website.
- The patient survey results showed that patients were satisfied with the care they received.
- The facilities and premises were appropriate for the services delivered.
- The provider had the experience, capacity and skills to deliver a quality, sustainable service and to address any risks. There was a strong focus on continuous learning, improvement and development of services and staff. Staff had received an annual appraisal.

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

- Review their procedures for the recording of action taken as a result of patient safety alerts to include a formal record of actions taken and learning shared with staff.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events. We were told that learning was shared to make sure action was taken to improve safety in the practice but this was not formally processed or recorded.
- Clinical staff demonstrated that they understood their responsibilities and had received training on safeguarding relevant to their role.
- The provider informed us that they had arrangements in place to receive and comply with patient safety alerts but there was no formal record kept of actions taken and learning shared with staff.

However, we found areas where improvements must be made relating to the safe provision of services:

- An annual service of the medical refrigerator or temperature calibration was not undertaken to assure themselves that the equipment was working appropriately and there was no Cold Chain Policy or procedure in place to instruct staff on the appropriate monitoring of fridge temperatures and action to take if temperatures fell outside the recommended range. Daily minimum and maximum fridge temperatures were not recorded. Immediately following the inspection the provider implemented a cold chain policy and had commenced written records.
- There was no Infection Prevention and Control (IPC) lead, with appropriate training, identified within the service. Following the inspection the provider undertook the appropriate training.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff had the skills, knowledge and experience required to deliver effective services.
- There was evidence of appraisals for all staff.
- The provider had systems in place to ensure clinicians were kept up to date with current evidence-based practice.

Are services caring?

We found that this service was providing a caring service in accordance with the relevant regulations.

- Staff recognised the importance of patients' dignity and respect.
- Privacy screens were provided in consultation rooms to maintain patients' privacy during investigations as necessary.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The practice had good facilities and was equipped to treat patients and meet their needs.
 - Information about how to complain was available to patients and evidence we reviewed showed the practice responded quickly to issues raised by patients.
 - Learning from patients' feedback was shared with staff.
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Summary of findings

Are services well-led?

We found that this service was providing a well-led service in accordance with the relevant regulations.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff felt supported. The practice had policies and procedures to govern activity.
 - Staff had received inductions, annual appraisals and attended training as appropriate.
 - The provider encouraged a culture of openness and honesty.
 - There was a focus on continuous improvement at all levels.
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Harley Street Healthcare Clinic

Detailed findings

Background to this inspection

Harley Street Healthcare Clinic, established in 1987, is based at 104 Harley Street, London W1G 7JD, it is an independent health service, located in central London, providing general medical services to people aged 18 years and above.

The service provides medical health screening and company healthcare packages including health surveillance and treatment for employees, pre-employment health screening and return to work assessments. The service also provides private consultations for diagnosis and treatment, including disease prevention and health promotion; management of acute and chronic illness, including specialist referrals and travel health advice and vaccinations.

At Harley Street Healthcare Clinic, aesthetic cosmetic services and treatments are also provided. However as these treatments are exempt from CQC regulation we did not inspect any part of the aesthetic cosmetic services provided as part of this inspection.

The service operates Monday to Friday from 9am to 6pm.

The service is registered with the CQC as an organisation. The company founder and Medical Director is a GMC registered doctor. He is also the CQC Registered Manager and Nominated Individual. (A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered managers have legal responsibility for meeting the requirements of the Health

and Social Care Act 2008 and associated Regulations. The nominated individual is responsible for supervising the management of the regulated activities and is nominated by the organisation to carry out this role on their behalf).

The leased accommodation used by the service includes a large ground floor consultation room with a large administration office on the second floor of the building.

The reception desk and waiting room on the ground floor is shared with other services in the building and is operated by the premises management service.

In addition to the provider, who is the lead doctor, the only other clinical member of staff is a long-term locum doctor. The service also employs a Practice Manager and an administrator. All clinical treatments, including vaccinations and cervical smears, are carried out the doctors.

Why we carried out this inspection

We carried out this announced, comprehensive inspection at Harley Street Healthcare Clinic, 104 Harley Street, London W1G 7JD on 21 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service under the Care Act 2014.

Our inspection was carried out by a CQC Lead Inspector and a GP Specialist Advisor.

How we carried out this inspection

During the inspection we:

Detailed findings

- Spoke with the provider, locum doctor and practice manager.
- Reviewed a sample of patient records.
- Looked at information the provider used to deliver services.

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 providing safe care in accordance with the relevant regulations.

Safety systems and processes

Processes and procedures within the service were sufficient to ensure patients were kept safe.

- The practice had policies in place including adult and child safeguarding policies which were reviewed and accessible to all staff, including locums. They outlined clearly who to go to for further guidance. Only people over the age of 18 years were seen by the service.
- The provider understood their responsibilities to record and investigate safety incidents, concerns and near misses where appropriate.
- Clinical staff received up-to-date safeguarding training for children and adults at a level appropriate to their role. Doctors received adult safeguarding training to level 3. Staff knew how to identify and report concerns. The provider understood the requirements of the Mental Capacity Act 2005 when working with people who lacked capacity.
- Only staff that had undergone chaperone training and had received a DBS check acted as chaperones and arrangements were in place for a chaperone to be available if requested.
- The provider carried out staff checks upon recruitment and on an on-going basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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 premises were clean and tidy. The premises were cleaned twice a week by a cleaner and daily cleaning was carried out by the administrative staff as required. A formal cleaning schedule was not in place at the time of the inspection but this was put in place immediately following the inspection. Single use supplies were used where possible and all equipment used for patient testing was cleaned between each patient use.
- An infection prevention and control (IPC) audit had been undertaken in the previous 12 months but no staff had undertaken infection prevention and control (IPC)

training. An IPC lead with appropriate training had not been identified. However, the provider submitted evidence that the doctor successfully undertook appropriate training the day after the visit.

- Portable appliance testing (PAT) was carried out by the administration staff annually following a PAT safety checklist. Immediately following the inspection an appointment was booked with an appropriate external service to carry out this check instead.
- The provider informed us that calibration of equipment was not carried as they had minimal equipment which required calibrating and therefore purchased new equipment annually instead. The provider did not have receipts available to show when equipment had been purchased.
- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise including individual medical indemnity cover for the doctors.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies. Arrangements were in place to ensure the provider could take appropriate action in the event of a medical emergency. Resuscitation equipment and emergency medicines were readily available and clinical staff were suitably trained in emergency procedures. Annual basic life support (BLS) training was undertaken by the doctors.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Doctors knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- Risks to safety from service developments and disruption were assessed and arrangements to respond to emergencies were considered and planned for. A Business Continuity Plan was in place.

Information to deliver safe care and treatment

Are services safe?

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

- Patient records were maintained in paper format only. Electronic records were only kept for basic patient information provided at registration. Individual records were written and managed in a way to keep people safe. This included ensuring patient records were accurate, complete, legible, up to date and stored appropriately. The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.
- There was an appropriate system for the management of test results.
- All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical history, GP details and a signature. The form requested the patient's consent to share the information with their own GP. Photographic identification was not requested unless the age or identity of the patient required verification.

Safe and appropriate use of medicines

Systems for the safe handling and storage of medicines were sufficiently adequate to minimise risks. For example,

- The practice did not have an appropriate Cold Chain Policy and procedure in place for the management of vaccines and medicines stored in the fridge. There was no information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range. The provider submitted evidence that immediately following the inspection they put in place an extensive cold chain policy and had commenced written records.
- The fridge used for storing vaccines had a memory card for the recording of temperatures but there was no formal process in place to monitor this information regularly. As a result, following the recent long-term sick leave of a staff member responsible for the monitoring of fridge temperatures monitoring had been undertaken on an ad hoc basis only. Temperature ranges were not checked and recorded on a daily basis. There was also

no annual service and calibration carried out to reassure the provider that the fridge (including the integral thermometer) was functioning appropriately. We viewed the temperature data recorded on the memory stick and saw no incidents of temperatures falling outside the recommended range. The provider provided evidence that they had introduced a daily temperature monitoring log immediately following the inspection.

- The systems for managing and storing emergency medicines, oxygen and equipment were appropriate.
- The service used appropriate prescription stationery which was stored securely.
- Doctors prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The provider had reviewed their antibiotic prescribing to ensure good antimicrobial stewardship in line with national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations such as those carried out by telephone.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately.

Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements required.
- The provider liaised with the premises owners to ensure that, where appropriate, risk assessments were in place in relation to the provision of a safe environment. The provider confirmed that a fire safety assessment had been undertaken by the premises management service and they obtained a copy of the assessment following the inspection to confirm this. A legionella risk assessment only appeared to have been carried out on part of the building. The provider had therefore arranged for their own assessment to be carried out for the week following the inspection.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services safe?

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The provider informed us that they had arrangements in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA). They informed us that they personally reviewed and acted upon these promptly where appropriate and shared the information with staff as appropriate. However, there was no formal record kept of actions taken and learning shared with staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The practice had systems in place to keep doctors up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. For example, the
- provider had undertaken a review of prescribing for hypertension and raised cholesterol to ensure it was in line with current guidelines.

Effective staffing

- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider gave staff ongoing support.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had an induction process for new staff which included identification of training needs, orientation to the service and familiarisation of key policies.
- Staff received an annual appraisal.

Coordinating patient care and information sharing

Staff worked together and with other health care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff were involved in assessing, planning and delivering care and treatment.
- The provider had an established network of external services to which referrals were made. Information was shared with services as appropriate.
- Patients received coordinated and person-centred care. This included when they were referred. The provider shared reports of consultations, test results and treatments with patients.
- A Patient Guide was given to all patients when registering. This included details of the service provided and clear information regarding the cost of services was given on the website.
- The patient registration form required patients to provide details of their GP and encouraged them to consent to the service sharing information with them.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- Patients were directed to relevant services as appropriate. This included patients at risk of developing a long-term condition.
- Doctors encouraged and supported patients to be involved in monitoring and managing their health and discussed changes to care or treatment as necessary.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- Doctors supported patients to make decisions and where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The provider gave patients timely support and information.
- The administration staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback received by the provider was positive for all aspects of the service.
- Consistent negative patient feedback had been received regarding the reception service (which was not managed by the provider). The provider had therefore

raised the issue with the premises management and ensured appropriate action was taken. Patient feedback on the current reception arrangements had been positive.

Involvement in decisions about care and treatment

- Staff involved patients in decisions about their care.
- The service advised patients on the local interpreting services available if this was required and patients were told about multi-lingual staff that might be able to support them.
- Staff ensured they communicated with patients in a way that they could understand.

Privacy and Dignity

- Staff recognised the importance of patients' dignity and respect.
- Conversations with doctors could not be overheard by patients in the waiting room.
- Privacy screens were available when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The practice 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 delivered.
- Appointment times were scheduled to ensure people's needs and preferences were met.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable 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.
- Feedback from patients showed that they felt the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- There was a complaints system in place which was publicised and accessible to people who use the service. Information about how to make a complaint or raise concerns was available on the provider's website and in the Patient Guide.
- Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. There was openness and transparency in how complaints were dealt with.
- Two complaints had been received in the last year. We reviewed these and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. However, there was no formal process in place to ensure lessons learnt were shared with all staff. It acted as a result to improve the quality of care. For example, one complaint received by the service had resulted in changes being made to the online registration form to improve the booking procedure for patients.

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 providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience, capability and integrity to deliver the strategy of the service and address risks to it.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider and manager were visible and approachable. They worked closely together and with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had an effective strategy to develop leadership capacity and skills, including planning for the future development of the service.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values with a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider and manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in response to a complaint from a patient the provider had made changes to the booking arrangements for cervical smears to ensure they were aware in advance if the patient required a female sample taker. The provider was also in the process of recruiting a female doctor for this reason.

- 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 were able to 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 needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year.
- The locum doctor was considered a valued member of the team.
- There was a strong emphasis on the safety and well-being of all staff.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. However, not all processes and procedures within the service were sufficient to ensure patients were kept safe. For example, cold chain and infection prevention and control procedures.

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 including incidents and complaints. However there was no formal process in place to ensure learning was appropriately shared with staff.
- The provider had oversight of safety alerts. However, action taken and sharing with staff was not formally recorded.

Are services well-led?

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit was carried out to ensure the quality of care and outcomes for patients. For example, audits had been carried out to ensure that the management of patients with hypertension and patients with raised cholesterol levels was in line with current guidelines.
- The practice implemented service developments and where efficiency changes were made this was with input from staff to understand their impact on the quality of care.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in meetings with relevant staff.
- There were arrangements in place to manage patient information in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the Information

Commissioner's Office (ICO). (The ICO is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.)

Engagement with patients, the public, staff and external partners

The service involved patients and staff in the development of quality sustainable services.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to inform the development of services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement within the practice.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider encouraged staff to take time out to review individual and service objectives, processes and performance.