

Harley Street Medical Doctors

Inspection report

90 Harley Street
London
W1G 7HS
Tel: 02081278840
www.harleystreet-md.co.uk

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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

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|--|------|---|
| Overall rating for this location | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Harley Street Medical Doctors as part of our inspection programme.

The previous comprehensive inspection was carried out on 20 September 2020, where we found the service was carrying out the regulated activities in accordance with the relevant regulations.

Harley Street Medical Doctors is a private clinic that specialises in slimming and aesthetic treatments and hormone therapy.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At Harley Street Medical Doctors, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatments for weight reduction and hormone replacement but not the aesthetic cosmetic services.

Dr Chia Tsyh Tan 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.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety

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

Overall summary

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Improve the methods used for patient feedback.
- Implement an assessment that concentrates on the hazards and risks from hazardous substances in the workplace. (COSHH).
- Consider adding information of how to complain onto the services website.
- Carry out a medicines audit to ensure prescribing is in line with best practice guidelines for safe prescribing.

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. The team included a CQC GP Specialist Adviser.

Background to Harley Street Medical Doctors

Harley Street Medical Doctors is located at 90 Harley Street, London, W1G 7HS.

The clinic consists of a ground floor reception area, a consulting room, staff kitchen and toilet facilities. It is close to oxford circus tube station, and local bus stops. Parking in the local area is available. The clinic is staffed by a receptionist and a doctor.

Harley Street Medical Doctors is registered with the Care Quality Commission (CQC) to provide:

- Diagnostic and screening services.
- Treatment of disease, disorder or injury,
- Services in slimming clinics.

The services opening hours are Monday to Friday 9am to 7pm and 10am to 4pm on Saturdays.

Their website address is www.harleystreet-md.co.uk.

How we inspected this service

The methods that were used included, interviewing staff, observations and review of documents and patient records.

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 provider had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance.
- The service did not provide treatment for people under the age of 18 years.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- At the time of the inspection the receptionist had recently commenced working in the service and was not acting as a chaperone.
- The premises were leased, and the property owner was responsible for the maintenance and safety of the building. The premises consisted of two ground floor clinical rooms, with a shared entrance and access to shared toilets. The premises had obtained assurances from the property owner in regard to a completed fire and legionella risk assessment. In addition, the service had their own health and safety and fire policies in place and had carried out a fire and a premises risk assessment.
- The clinic rooms were clean and tidy, and the service had a system to manage infection control. The service had carried out an annual risk assessment for the prevention and management of infectious diseases. We saw hand sanitiser in clinic rooms, the wearing of masks was mandatory unless there were valid reasons for not doing so, and to enable social distancing was encouraged. There were systems for safely managing healthcare waste. However, the provider did not have an assessment that concentrated on the hazards and risks from hazardous substances in the workplace. (COSHH).
- The service's landlord had arranged for an external company to conduct a Legionella risk assessment at the clinic. (Legionella is the collective name given to the pneumonia-like illnesses caused by legionella bacteria.) We saw evidence of the regular water testing during the inspection.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- The staff consisted of the provider and a receptionist; the provider explained that appointments could be managed to ensure patient needs were met.
- The service did not use agency staff.
- 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. Both staff had completed basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- There were both public liability and medical indemnity arrangements in place

Information to deliver safe care and treatment

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment when the patient gave consent or if the patient was at risk.
- 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 systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The provider had not carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. In response to the inspection, they agreed to put this on their annual audit agenda.
- 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.
- Some of the medicines this service prescribed for weight loss were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that ‘Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan’.
- The choice of medicine was made in partnership with the patient. The provider discussed the relative benefits of each treatment, and if the patient chose an unlicensed treatment, the implications of this were clearly explained, including the unlicensed status of the medicine. Patients were provided with written information about the medicines they were prescribed at the clinic. In the case of injections, this included information on how to safely administer the medicine. The clinician explained and demonstrated to patients how to give the first injection. The patient was then observed and supervised as they administered the first dose themselves.

Track record on safety and incidents

- The service had some 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 provider was responsible for the recording and acting on significant events. The receptionist understood their duty to raise concerns and report incidents and near misses.
- We observed there were adequate systems for reviewing and investigating when things went wrong. We reviewed one example where improvement had been made to ensure that the patient’s identity was correct.
- The provider 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- At the first consultation the patients' medical history was checked to see if they were contraindicated for treatment with medicines. If appropriate for treatment, the medical records seen confirmed that a detailed medical history was taken for each patient and detailed consultation notes were kept.
- For slimming treatments, the clinician weighed patients, calculated body mass index (BMI), and took detailed fat percentage measurements. They also took a blood pressure (BP) reading. The various treatment packages available were also explained. We saw evidence that repeat weights and BP readings were completed at subsequent clinic visits. Side effects and treatment options were discussed and recorded. We did not see any evidence of any patients being treated with a BMI below 27 kg/m² (with co-morbidities).
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- 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 conducted two audits in the last year, both of these were two cycle audits one on cardiovascular risk and cholesterol levels before commencing on hormone replacement therapy.

Effective staffing

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them.

Coordinating patient care and information sharing

- 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. The provider told us of examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Where a patient had an NHS GP and was not attending for problems relating to sexual health and presented with a new medical condition or significant changes were made to the management of their condition, the doctor would ask for the patients consent to contact their NHS GP. In addition, Patients were provided with information about their care and asked to share this with their NHS GP.
- The provider would contact the GP directly in the event of an emergency.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

- Where appropriate, staff gave people advice so they could self-care.
- Where risk factors were identified, they were highlighted to patients and to the patients NHS GP.
- 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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- Three patients provided positive feedback to the Commission about their experience.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients discussed treatment options at the start of treatment and were provided with time to make a considered decision.
- Three patients told us, that they felt listened to and supported by staff and had the necessary information to make an informed choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

- The 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.
- The service was open on Monday to Friday 9am to 6pm and Saturday 10am to 4pm.

Timely access to the service

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available at the service but not on the service's website.
- The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had one complaint from 2021 to the date of the inspection, this was investigated and responded to appropriately.
- 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;

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

Vision and strategy

- There was a clear vision and set of values. The service had 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

- Staff felt respected, supported and valued.
- 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 were processes for providing all staff with the development they need. This included appraisal and career development conversations.

Governance arrangements

- 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- 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.

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.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

- The service encouraged and heard views and concerns from patients and monitored online reviews. However, they had not carried out an annual patient survey.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- The provider had carried out regular clinical audits to ensure safe care and treatment.
- There were systems to support improvement and innovation work. For example clinical audits.