

Harley Street Dr

Inspection report

23 Harley Street
London
W1G 9QN
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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 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

The provider was registered for the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury on 20 March 2019. This was the first announced comprehensive inspection of the service following CQC registration.

We carried out an announced comprehensive inspection at Harley Street Dr, 23 Harley Street, London, W1G 9QN on 20 October 2021.

Harley Street Dr provides a range of independent services, a GP service, health screening, sports and physical injuries, sexual health, dermatology, travel and immunisation and baby scans. The costs of the service are clearly set out on the website. At the time of the inspection due to the pandemic the service had seen only 50 patients under the GP service. The service was located in a serviced consultation room at 23 Harley Street. The GP working at the service was the provider.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Dr Vikram Murthy is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received feedback from three patients prior to the inspection. All were positive about the service they had received. They stated they were always quick and punctual and ready to help when needed.

Our key findings were:

- The service had systems in place to keep people safe and safeguarded from abuse.
- The management team had followed up all of the premises, fire and infection prevention and control risk assessments with the property owner.
- Information was available to deliver safe care and treatment.

Overall summary

- The service had systems in place to ensure appropriate and safe handling of medicines.
- The service had a system in place to respond to complaints.
- Patients received effective care and treatment that met their needs.
- Staff treated 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.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

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

- Continue to have oversight of the property's risks (including the steep stairs) and encourage improvements where appropriate.
- Continue to take action to manage and prevent infectious diseases, and ensure that the property owner implements cleaning schedules, and continues with social distancing.
- Check that staff not directly employed by the provider have the necessary training for their role.
- Review policies and procedures to check they reflect staff practices at Harley Street Dr.
- Carry out an annual review of patient feedback.

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, who was supported by a CQC a GP specialist adviser.

Background to Harley Street Dr

The registered provider for the service is Harley Street Dr Limited. The provider is registered to carry out the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury at Harley Street Dr, 23 Harley Street, London, W1G 9QN. Dr Vikram Murthy is the registered manager.

23 Harley street is a leased serviced consultation room, the building maintenance, prevention and management of infectious diseases were therefore carried out by the consultation room receptionist employed by the property owner.

Harley Street Dr is operated by a GP, supported by a business manager and administration team. At the time of the inspection due to the pandemic the practice nurse had not been involved in the GP service. The provider also operates an NHS GP service.

Harley Street Dr provides a range of independent services for children and adults. These include a GP service, health screening, sports and physical injuries, sexual health, dermatology, travel and immunisation and baby scans. The costs of the service are clearly set out on the website. At the time of the inspection due to the pandemic the service had seen only 50 patients under the GP service. Further details can be found at the providers website <https://www.harleystreetdr.com/services/>.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the testing for COVID 19.

The service registered with the Commission 20 March 2019. Due to the pandemic the service had seen only 50 patients at the time of the inspection. This was from requested visits to patients staying in hotels and a GP service for film crews.

Patients could contact the service 24 hours a day via the provider website or by a telephone. Consultations were available from 7am to 7pm every day. The service offered face to face visits, telephone and online appointments.

How we inspected this service

- Prior to the inspection information was requested from the provider and reviewed by the inspection team.
- A site visit was carried out, where we spoke with staff, reviewed patients records and the service documents.
- Information was also submitted by the provider following the inspection.

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 safeguarding policies in place for both adults and children, which were last reviewed in February 2021. These were adapted from the providers NHS practice policies and did not contain the appropriate safeguarding contacts. This was immediately amended following the inspection.
- Harley Street Dr provided a service for people under the age of 18 years and had systems 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. 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 the providers staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service used their own staff who were trained for the role and had received a DBS check, to chaperone patients. Due to the service renting a serviced consultation room, patients were asked if they required a chaperone during their first contact with the service, so that the provider could arrange for a chaperone to be present from their NHS service.
- The service leased a serviced consultation room at 23 Harley Street, the building maintenance, prevention and management of infectious diseases were therefore carried out by the consultation room receptionist employed by the property owner.
- At the inspection on the 20 October 2021, we saw the service was clean, and tidy. The property owner's receptionist carried out a daily clean of the rooms and the GP cleaned the room between each client. The service had a system in place to manage clinical waste.
- The property owner had an infection prevention and control risk assessment in place carried out by an independent provider in January 2021. In addition, the provider had also completed their own risk assessment in January 2021.
- In response to the pandemic the staff had made available hand sanitiser in reception, asked patients if they had symptoms prior to the appointment, displayed signage reminding patients about COVID 19 symptoms. Patients' temperatures were taken on arrival and the receptionist used a patient flow system to minimise the time spent in reception.
- However, we saw that the property owner had soft furnishings in reception and had not used social distancing fully and they did not have cleaning schedules in place. We discussed this with the property owner's receptionist who explained the soft furnishings were deep cleaned regularly and at once implemented some social distancing. In addition, they agreed to implement cleaning schedules.
- The providers staff had completed infection prevention and control training, however the property owner's reception staff had not yet completed the training.
- The provider submitted information to show they had oversight of the issues with the premises and were contacting the property owner to request improvements.
- The provider had oversight of a legionella risk assessment which was carried out by the property owner in May 2021 and provided evidence to show they were following up any issues with the property owner.
- The provider had oversight of the fire safety, facilities and equipment to ensure they were safe, and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- There was an effective induction system for agency staff tailored to their role.

Are services safe?

- Harley Street Dr 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. The provider explained the property owner's reception staff had completed first aid training and basic life support.
- The service had a defibrillator and had risk assessment in place regarding the reasons for not keeping oxygen at the location.
- The provider had emergency medicines stored appropriately in their consultation room and checked regularly. At the time of the inspection, they did not keep glucagon, (to treat low blood sugars). This was obtained immediately following the inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The service was operated by one GP, a business manager and a small team of administrators. The GP explained they had arrangements in place should they be unable to attend to a patient.

Information to deliver safe care and treatment

- We reviewed six patient records and found 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. Staff explained they would ask the patients consent to share their information with their NHS GP and would always ensure patient safety.
- 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. The provider had recently implemented a new patient online record system.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The staff explained the clinical system, acts as a failsafe and will alert staff if the patient did not attend the appointment.

Safe and appropriate use of medicines

- At the time of the inspection, the service did not administer or store vaccines at 23 Harley Street.
- Staff said the service did not prescribe high-risk medicines.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- 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.
- A system was in place to ensure the safe storage of antibiotics for dispensing and prescribing at the service.

Track record on safety and incidents

- The provider had oversight of the property owner risk assessments for safety issues.
- The premises were situated in the basement and were accessed by steep stairs or a lift. The staff explained that when patients were offered their initial appointment they would be met on arrival and taken by the lift to the premises. However, the premises did not signage in the entrance to direct patients to the lift and the steps were not included in the property owners risk assessment.
- 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

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.
- The service had not had a significant event in the last 12 months.
- 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 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

- 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 had been affected by the pandemic and had only seen approximately 50 patients following registration.
- The service had completed the International Organization for Standardization (ISO) which certifies that a management system, manufacturing process, service, or documentation procedure has all the requirements for standardization and quality assurance.
- The service had carried out an audit to check how quickly patient telephone calls were responded to and in response had implemented a new telephone system.
- The service had a quality assurance policy, last reviewed June 2021. This detailed the systems and policies required to improve the quality of the service.

Effective staffing

- At the time of the inspection the services staff consisted of a GP, a manager and reception support staff.
- All staff employed by the provider were appropriately trained for their role. However, staff employed by the property owner who had direct contact with patients were not fully trained for their roles at the time of the inspection.
- The provider had an induction programme for all newly appointed staff.
- The staff had worked at the service for under one year, and their annual appraisal dates were therefore planned for the end of November.
- 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.

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.
- 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.
- Systems were in place to ensure 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 arrangements for following up on people who had been referred to other services.

Are services effective?

Supporting patients to live healthier lives

- 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 need 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.
- 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

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

- When patients contacted the service, they were informed that Interpretation services were available for patients who did not have English as a first language.
- We received feedback from three patients prior to the inspection. All were positive about the service they had received

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

- Patients accessed the service by the website and the providers reception staff made contact with the patient and captured their reasons for requesting an appointment and provided the costs of the service.
- The service was open seven days a week for initial telephone contacts and appointments.
- Appointments were offered, at patients place of work, at home, if traveling at a hotel room, by telephone or online and at 23 Harley Street.

Timely access to the service

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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 on the providers website. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- At the time of the inspection the service had not received any complaints about the GP service.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

- The provider and business manager also led an NHS GP service and were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and values.
- The service monitored progress against delivery of the strategy.

Culture

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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. The provider had a system in place to ensure staff received regular annual appraisals.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

- The provider had adapted the processes, policies and systems to support good governance and management that they used in their NHS service.
- 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. However, some required further review to ensure they fully reflected the practices at Harley Street Dr. For example, safeguarding.
- Staff who worked for the provider were appropriately trained, however staff employed by the property owner, who had direct contact with patients, had not completed the necessary training at the time of the inspection.

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 provider had monitored the risks associated with the premises; however the property owner had not mitigated all of the risks regarding infection control and appropriate training of the reception staff.
- Leaders had oversight of the systems for safety alerts, incidents, and complaints.
- The provider had plans in place and had trained their staff for major incidents.

Appropriate and accurate information

- 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 service was aware of the requirement to submit data or notifications to external organisations as required.

Are services well-led?

- 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

- Every patient received a message requesting feedback about the service and had set up an online survey and were awaiting the results.
- The service monitored patients' online feedback.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- To keep staff informed the provider held informal weekly and formal two weekly team meetings.
- The provider had a system in place to provide staff with a annual appraisal.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- The provider in their role as a GP was the clinical director for the local primary care network