

92 Harley Street

Inspection report

92 Harley Street
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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

We carried out an announced comprehensive inspection at 92 Harley Street as part of our inspection programme as they had not been previously inspected.

92 Harley Street is an independent healthcare provider offering fertility, gynaecology and obstetrics services to fee-paying patients.

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 service does not currently have a registered manager as the person occupying the role has left the service. The practice manager has submitted an application to CQC to take on the role of registered manager. The application is awaiting processing.

Our key findings were:

- The service provided care in a way that kept patients safe and protected from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Clinicians and staff dealt with patients with kindness and respect and were committed to involving people in decisions about their care.
- The service adjusted how it delivered services to meet the needs of patients.
- The way the service was led and managed promoted the delivery of high-quality, person centred care.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to 92 Harley Street

92 Harley Street is an independent health service offering diagnosis and treatment specialising in fertility, gynaecology and obstetrics. The service is only available to patients aged 18 or over. The clinic is located on the ground floor of 92 Harley Street, with clinics available both on the ground floor and basement floor.

92 Harley Street employs three doctors, an ultra-sonographer, three nurses, a service manager, a patient support liaison and a receptionist.

92 Harley Street offers pre-bookable face-to-face and virtual appointments to adults. The service is open 9am-5:30pm between Monday-Wednesday and Friday, and open between 9am-6pm on Thursday.

92 Harley Street is registered with the CQC to provide the following regulated activities; treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

Are services safe?

We rated safe as Good because:

The service had clear systems to keep people safe and safeguarding from abuse. This included in systems in relation to infection prevention and control, environmental risk assessments and significant events.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service was governed by appropriate safety policies which were regularly reviewed and accessible to staff. The policies outlined who to go to for further guidance and were included in the induction process and training of staff members.
- The service had policies in place to safeguard vulnerable adults from abuse and only patients over the age of 18 were seen in the service.
- 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. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff members we spoke to demonstrated an understanding of what constituted a safeguarding concern and what actions to take if an incident were to occur.
- There was an effective system to manage Infection Prevention and Control (IPC). Frequent IPC checks were conducted by the lead nurse, who oversaw annual IPC audits. The service had also carried out up-to-date legionella risk assessments.
- The provider ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. This included regular fire and health and safety risk assessments.
- The service was up to date with their Portable Appliance Testing and calibration of equipment.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for each staff member tailored to their role.
- 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.
- All staff had undergone basic life support training in the last year.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately. This included oxygen and a defibrillator. These were regularly checked by the lead nurse and logged appropriately.

Information to deliver safe care and treatment

Are services safe?

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

- We reviewed the clinical records of five patients and found all patient records were written clearly and managed in a way that kept patients safe. The care records we examined showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw evidence-based guidelines were being discussed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patients were asked whether they consented to their information being shared with their NHS GP. The service explained they would not share information without the patients consent unless there was a clinical need to do so.
- 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 they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service used electronic prescription from a secure patient record system.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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) and neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The service monitored and reviewed activity. It had a good safety record, with incidents being very rare.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- No significant events were recorded in the past 12 months. However, each staff member we spoke with understood their duty to raise concerns and were supported to report incidents.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts, such as those received from the Medicines and Healthcare products Regulatory Agency (MHRA), to all members of the team.

Are services effective?

We rated effective as Good because:

- The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidelines.
- Clinicians and staff had the skills, knowledge and experience to carry out their roles.
- The service took appropriate steps to ensure consent is recorded.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service assessed needs and delivered care in line with relevant and current legislation. The service was regulated and governed by the Human Fertilisation and Embryology Authority. The service also followed evidence-based guidance such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- From our review of clinical record searches of patients, we saw the service carried out a full assessment of the patients' immediate and ongoing needs. This included a patients mental and physical wellbeing before discussing treatment options. Safe and appropriate care and treatment was provided and appropriately documented.
- Clinicians had enough information to make or confirm a diagnosis.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The lead clinician was renowned in fertility surgery and in all aspects of reproductive medicine including In Vitro Fertilisation (IVF) and had published research and papers in the field. The service made improvements through the use of completed audits which had a positive impact on quality of care and outcomes for patients. For example, the service carried out audits into the yearly success rates of treatments. They looked back to examine achievements against standards and whether they had been reached. New advances in IVF techniques drove changes which were tested against standards set. There was evidence of action to resolve concerns and improve quality. For instance, the most recent audit had introduced an 'e-consent' process which has made it easier for patients to provide their consent as well as ensuring legal guidelines were followed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. Diagnosis and treatments were delivered by medical or nursing staff who had completed specific training for the role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- We looked at the training records of clinical and non-clinical staff and saw mandatory training was being completed on a consistent basis. We were satisfied the provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- Staff had access to yearly appraisals. The lead clinicians had their appraisals carried out by external professionals and kept records of them.

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.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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. There was a documented consent policy recorded for each patient.
- Patients were provided with information pre- and post-treatment about procedures, including the benefits and risks of treatments provided.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service supported patients with a range of information regarding fertility. This included patient leaflets and patient fertility videos on their website. Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The service had a process in place to ensure patients electronically consented before commencing treatments and therefore ensured the service followed strict legal guidelines to appropriately record patient consent.
- 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:

Patients were treated with respect and staff involved patients in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients were provided with a two-page patient feedback survey after their visit. Patients provided mostly positive comments and an 'excellent' rating for the clinical care and customer service provided.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, the service had incorporated space for private rooms patients could use as prayer rooms.
- The service gave patients timely support and information. Due to the nature of some the services provided, they offered counselling sessions to patients before and after treatment.

Involvement in decisions about care and treatment

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

- Translation services were available for patients who did not have English as a first language. However, the service informed us patients tended to bring their own family members in to interpret.
- Patients told the service through feedback they felt involved in decisions about their care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew 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:

- The service organised and delivered services to meet patients' needs.
- The service had systems in place to respond to complaints appropriately.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For instance, the service continued the usage of virtual consultations to meet the needs of the patients and had incorporated the introduction of online payments due to requests from a few patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made so people in vulnerable circumstances could access and use services on an equal basis to others. For instance, the service purchased a portable ramp which was used in the instance a wheelchair-using patient required access to the building. There was also a lift and accessible toilet available within the premises.

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 initial assessment, test results, diagnosis and treatment.
- Delays and cancellations were minimal and managed appropriately.
- 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

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

- It was made clear on the services' complaints policy patients could make a complaint to any staff member at any stage of their patient journey verbally, in person or by phone. 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 received two complaints in the past 12 months and both were handled appropriately. For example, a patient made a formal complaint they were quoted an incorrect price for a consultation and that the administrative team displayed poor knowledge regarding treatments. The service subsequently investigated the matter, called the patient to apologise and had issued a refund for the consultation fee. The complaint was also discussed in team meetings and learning from the incident was shared.

Are services well-led?

We rated well-led as Good because:

- Leaders at the service strove to deliver high-quality, sustainable care to their patients.
- There was a clear set of vision and values with a strategy in place to achieve them.
- There were effective processes to identify, monitor and address current and future risks.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges they faced, such as the availability of specialised clinicians as well as non-clinical staff and were striving to address such issues.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, the service ensured there was a lead member of staff for different roles, such as a nurse lead and administrative lead.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which was focused upon providing the highest standard of individualised patient care. The service had a realistic strategy and supporting business plans to achieve priorities. For instance, the service had a dedicated patient support team to help achieve their vision.
- Staff members we spoke to 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 members we spoke to told us they felt respected, supported and valued. They were proud to work for the service and be associated with a service that made a substantial impact on a patient's life.
- The service focused on the needs of each patient.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, we reviewed minutes of a 'record of improvement conversation' held for a staff member when their performance did not align with the services' vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing staff with the development they need. This included yearly appraisals and documented career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, and this was a priority during and after the COVID-19 pandemic.
- The service actively promoted equality and diversity. Staff received equality and diversity training and told us they felt they were treated equally.
- There were positive relationships between staff and managers.

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 and were aware who held the lead roles for different areas of the organisation.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The provider carried out required staff checks at the time of recruitment and the required ongoing monitoring, such as Disclosure and Barring Service (DBS) checks.
- 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. Confidential electronic information was stored securely on computers and staff demonstrated a good understanding of information governance processes.

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 and staff safety. For example, fire, health and safety, infection prevention and control and legionella risk assessments were conducted on a regular basis.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had trained staff for major incidents. Such plans were documented in business continuity plans. Staff also demonstrated knowledge on how to approach emergency situations involving patients and colleagues.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, the service continued to carry out virtual consultations with patients after restrictions had eased from the COVID-19 pandemic.
- Patients were encouraged to provide feedback about their experience of their service through patient satisfaction surveys.
- We saw evidence of feedback opportunities for staff in appraisals and meetings and how the findings were fed back to staff.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement with the lead clinician renowned in fertility surgery and all aspects of reproductive medicine including In Vitro Fertilisation (IVF).
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.