

Urgent London Doctors Limited The Harley Street Clinic Diagnostics Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 29 September 2018 to ask the service 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.

Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and the doctor and operations manager had received the appropriate training.

- The service had systems to manage risk so that safety incidents were less likely to happen.

The doctor was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out their role.

- Consent procedures were in place and these were in line with legal requirements.

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

- Information about services and how to complain was available.

- The service had proactively gathered feedback from patients.

- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider should make improvement are:

- Develop quality assurance processes to include two cycle clinical audits in order to drive improvement.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Harley Street Clinic Diagnostics Centre

Detailed findings

Background to this inspection

The Harley Street Diagnostic Clinic provides private GP services from the Harley Street Hospital. The service is operated by one male GP and is assisted by an operational director. The service has the use of consulting clinic rooms with the private hospital and the contract also includes access to nursing staff used for chaperoning, and the safeguarding lead for the hospital. All equipment and building checks are undertaken by the Harley Street Hospital. The service has access to a consulting room each day they operate from the service. The provider advised that in instances where they must see children they make use of the paediatric suite within the hospital. Services are offered on Mondays and Thursday all day depending on demand. The service provides services to adults and children.

The Harley Street Clinic Diagnostic Centre is registered with the Care Quality Commission to provide Treatment of Disease, Disorder, Injury (TDDI). The clinic provides primary healthcare

services primarily for the Russian community and other overseas nationals from countries such as Ukraine, Dubai and Saudi Arabia. However, the clinic was also open to all, subject to fees. Services are provided by a doctor who also works as a GP in the NHS.

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.

During our visit to the service on 29 September there were no patients present. As part of inspection, we also asked for CQC comment cards to be completed by people who used the service, prior to our inspection. We received five comment cards which were all positive about the standard of care received.

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

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

Safety systems and processes

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

- The provider as well as the owners of the premises conducted safety risk assessments. The service had appropriate safety policies, which were regularly reviewed. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The providers had appropriate checks at the time when the service was set up and these were reviewed 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).
- The provider was provided with nursing staff when carrying out care that required chaperones. These staff received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- Adequate Legionella checks had been completed.
- The owners of the building ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- The provider 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.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to service the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

The provider had information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. 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.
- The service had a system in place to retain medical records in line with DHSC guidance.
- 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, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The doctor 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.

Are services safe?

- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were 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 service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The service

learned and shared lessons identified themes and acted to improve safety in the service. For example, the clinic had revised their protocol and records system when a wrong patient's records were accidentally pulled during a consultation.

- The provider was aware of and 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The doctor had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctor assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The doctor was aware of the need to undertake audit and evaluate care. We saw that the doctor had completed audits relating to their NHS work. They had plans to undertake audits specific to the service.

Effective staffing

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

- The doctor was appropriately qualified and held a number of posts in a variety of settings. The provider had an induction programme for staff though at the time of our inspection they were no other staff employed by the service.
- The doctor had relevant qualifications and was registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. The clinic referred to, and communicated effectively with, other services when appropriate for example when referring to other private providers
- Before providing treatment, the doctor 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.

- Where appropriate, 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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 have been referred to other services.

Supporting patients to live healthier lives

The doctor was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the doctor 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

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

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

Are services effective?

(for example, treatment is effective)

- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients received by the provider was positive about the way doctor treats people.
- The doctor 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

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

- The majority of the patients that accessed the service spoke the same languages that were spoken by the doctor. However, interpretation services were available if required and this discussed at the time of booking appointments.
- Patients told us through feedback that had been received by the service, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The doctor recognised the importance of people's dignity and respect.
- The clinic had facilities that ensured all discussions were held in privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 example, opening times were flexible and took account of people's needs
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service had the use of a lift.

Timely access to the service

Patients could 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.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- 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.

- Information about how to make a complaint or raise concerns was available. 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. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

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

Our findings

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 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

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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- 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 was a strong emphasis on the safety and well-being of the doctor and the operations director.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- The doctor and the operations director were clear on their roles and accountabilities.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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.
- The service had processes to manage current and future performance. The doctor had oversight of safety alerts, incidents, and complaints.
- Clinical audits relating to the service were planned for but still to be completed.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, we saw feedback from patients that was received on a regular basis and action taken where required.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. We saw that the doctor attended training on a regular basis to keep themselves up to date.
- The doctor told us they wanted to continue to improve and they were looking to expand the service they were offering to include a wide range of specialities offered by experienced practitioners.