

Dr Jessica Harland Office

Inspection report

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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 of Dr Jessica Harland Office (the service) as part of our inspection programme. It was the first inspection of the service, which was registered by the CQC in December 2020.

The service offers home visits and video consultations with a general practitioner. In addition, the service provides access to laboratory blood tests and radiology appointments under arrangements with third-party service providers.

The GP principal 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 had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

Whilst we found no breaches of regulations, the provider **should**:

- Review the risk assessment for non-clinical staff who carry out chaperone duties and have not received a disclosure and barring service check.
- Continue working towards completed audit cycles.
- Continue to review practice policies to ensure they are up to date.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

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 GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical records reviews without visiting the registered location.

Background to Dr Jessica Harland Office

The provider, Dr Jessica Harland, was registered by the CQC in December 2020 to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The service location for the CQC registration is 16 Kemplay Road, London, NW3 1SY. However, no service users are seen at this location.

The service provides private consultations with a general practitioner via home visits and video conferencing. Service users can access a wide range of blood tests and diagnostic screening via third-party organisations. The service is available to children and adults.

The opening hours are Monday to Sunday 8am to 8pm.

Details of the service are set out on the website - www.drjessicaharland.co.uk

Currently the registered manager is the only clinician working in the service and providing general practitioner consultations. An administrator provides ad-hoc administration services.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During inspection, we interviewed the registered manager at the registered location. We also reviewed a sample of service user records and consultations.

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were available to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, we saw evidence that safeguarding information was shared with a patient's NHS GP. However, we noted no further information on the outcome of this case had been documented. Following our inspection, the GP principal contacted the NHS GP to clarify what action had been taken and this was documented within the patient record.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had appropriate recruitment procedures for future use as the business developed. These included ensuring suitable pre-employment processes were conducted, including seeking references and organising Disclosure and Barring service (DBS) checks. 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). DBS checks had been undertaken for the GP and risk assessments were carried out to determine if administrative staff were eligible for a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider informed us that a chaperone would need to be requested prior to a home visit. The administrator could act as a chaperone and had received training for the role, however we noted they had not received a DBS check and the provider had not reviewed this in their risk assessment. The provider informed us that a chaperone had not been requested since the service began.
- There was an effective system to manage infection prevention and control.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions.

Risks to patients

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

- There were enough staff to meet the current demands for the service.
- There was an induction process for new 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.
- There were appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with some medical emergencies and these were stored appropriately and checked regularly. However, there was no risk assessment to inform the decision for not stocking items recommended in national guidance. For example, the practice did not stock some emergency medicines, oxygen or a defibrillator. Following our inspection, the service sent us evidence that further emergency medicines and a defibrillator had been purchased, and a risk assessment had been completed for not storing oxygen.

Information to deliver safe care and treatment

Are services safe?

Staff had the 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 Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with 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, emergency medicines and equipment minimised risks. However, we noted the medicines management and prescribing policy was not explicit to minimise risks relating to prescribing. For example, the policy lacked details relating to inclusion and exclusion criteria, repeat prescribing and prescribing following video consultations. Following our inspection, the service updated the policy with this information.
- The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The GP principal 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.
- There were effective protocols for verifying the identity of patients, including children, at registration and prior to each consultation.

Track record on safety and incidents

The service had a good safety record.

- There were 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. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service. For example, there was evidence of action taken and lessons learned following a significant event where a patient had an allergic reaction to an antibiotic.

Are services safe?

- 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 or 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?

We rated effective as Good because:

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.

- 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. The GP principal followed-up with patients after every consultation to ensure they had no further queries.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve treatment and to support patients' independence. For example, where appropriate, video consultations were offered to registered patients and test results could be emailed to patients.

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 service made improvements through the use of 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 had completed two audits in the last year. This included a documentation audit of consultations over a three-month period. The results showed most consultations met the parameters set by the audit. One area for improvement identified was to include the 'usual GP details' in the notes, and following the first cycle audit the consultation template was updated to include this prompt. The service had yet to undertake completed audit cycles.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The GP principal was registered with the General Medical Council (GMC) and was due for revalidation this year.
- 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.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, information was shared with NHS GPs when there was a new diagnosis that required follow-up.
- 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. We were told by the GP principal that patients were signposted to more suitable sources of treatment where this was not available at the service 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.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, information was shared with a patient's NHS GP during end of life care.
- 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 offered personalised health screening. 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. For example, the service made contact with NHS GPs when abnormal blood tests required follow-up.
- 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.
- 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 and general customer satisfaction.
- Feedback from patients via the practice's questionnaire and Google reviews was positive about the way staff treated people.
- 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. Information leaflets were available in easy read formats on request, to help patients be involved in decisions about their care.
- We reviewed patient feedback via the practice's satisfaction questionnaire and noted the comments were wholly positive. Patients rated the service highly (positive) for questions related to feeling listened to and supported by staff and having sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The practice had received four Google reviews in the past 12 months. Feedback about the service and staff was wholly positive.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available on request.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- We were told that the online consultations were conducted in a private room, without any disturbance. Patients were asked to make similar provisions during online consultations and during home visits. The service had policies in place to ensure staff appointed in the future would maintain patient confidentiality.

Are services responsive to people's needs?

We rated responsive as Good because:

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, video consultations were available to registered patients if clinically appropriate.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients who did not have digital access to the registration forms were contacted and staff assisted them to complete the forms.

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.
- The service was open Monday to Sunday from 8am to 8pm and appointments were available during these times, subject to availability. Outside of these hours, patients were directed to the NHS 111 service.
- Waiting times, 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.

- 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. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The GP principal was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The GP principal also worked within the NHS and was able to apply this experience to all aspects of their private work.
- The GP principal informed us that staffing levels were sufficient for the needs of the patients, and there were no current plans to change the leadership structure or recruit additional staff. This would be reviewed depending on patient demand and the growth 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.

- The service had registered with CQC in December 2020. The GP principal informed us that there were approximately 800 registered patients, with early 2021 dominated by Covid-related activity.
- There was a clear vision and set of values. The service had a realistic strategy to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- There were processes to act 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.
- Staff could raise concerns and were encouraged to do so.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. The administrator had received an appraisal in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

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.

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Although, we noted many policies were overdue their annual review (review date September 2021).
- The service used performance information which was reported and monitored.
- 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.
- 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 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. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. The GP principal 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 plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were regularly reviewed by the GP principal.

Engagement with patients, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service was further developing professional relationships with other healthcare companies and secondary care organisations within the private sector.
- The service was establishing a regular patient list. Feedback was requested from patients after consultations and patients could utilise a webform via the service's website to provide feedback.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- The service aimed to use digital innovations to facilitate access to the service and improve the patient experience. For example, online registration forms and a cloud-based system which enabled test results to be received directly into the database and could be emailed to patients.