

## Harley Street Healthcare Clinic Limited

# Harley Street Healthcare Clinic

### Inspection report

104 Harley Street  
London  
W1G 7JD  
Tel: 02079356554  
Website: [www.harleystreet104.com](http://www.harleystreet104.com)

Date of inspection visit: 11 June 2019  
Date of publication: 20/06/2019

### Ratings

#### Overall rating for this service

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 on Harley Street Healthcare Clinic as part of our inspection programme.

Harley Street Healthcare Clinic is a private general medical practice which offers a range of private services to patients such as routine medical checks, health screening, private prescriptions, management of long term conditions, adult immunisations, travel vaccinations and blood tests.

# Summary of findings

The registered manager is the single handed doctor and provider for the service. 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.

Patient feedback and completed CQC comment cards were very positive about the service. The service was described as efficient and staff were described as friendly, professional and patients noted that they were happy with the quality of care received.

## Our key findings were:

- The service had systems to keep people safe and safeguarded from abuse. There were safe and effective recruitment procedures in place to ensure staff were suitable for their role.
- There was evidence which demonstrated that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider had direct access to a wide range of male and female specialist clinicians in the event that a patient had specific or alternative care needs. Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive with regards to booking appointments, access to care and the timeliness of the services provided.
- Staff had the skills, knowledge and experience to carry out their roles. Staff we spoke with were passionate about their work and demonstrated a patient centred approach.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Harley Street Healthcare Clinic

## Detailed findings

### Background to this inspection

Harley Street Healthcare Clinic is a private general medical practice offering a range of services to patients such as routine medical checks, health screening, private prescriptions, management of long term conditions, adult immunisations and travel vaccinations and blood tests.

The service is delivered from a large ground floor consulting room based at 104 Harley Street,

London, W1G 7JD. A reception desk and waiting room is situated on the ground floor which is shared with other services in the building and is operated by the premises management service. The provider also rents an administration office on the second floor. We inspected this location on 11 June 2019. Our inspection team was led by a CQC lead inspector and the team included a GP specialist advisor.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location. None of the regulated services provided by the service are available to people under the age of 18.

The clinic is open between 9am and 6pm during weekdays. The single handed doctor and provider (male) is supported by a locum doctor (male) who covers the clinic when the provider is not available in the clinic, for instance during annual leave. The provider also employs a practice manager and an administrator who also covers secretarial duties. The provider has direct access to a wide range of male and female specialist clinicians which they have fast

track access to in the event that a patient has specific or alternative care needs. This included fast track access to other primary care and secondary care services, as well as access to mental health support and alternative therapies such as hypnotherapy and life coaching.

Before our inspection we reviewed a range of information about the service, this included patient feedback from the public domain, information from the providers website and the providers CQC information return. As part of our inspection we:

- Looked at the systems in place for the running of the service
- Explored how clinical decisions were made
- Viewed a sample of key policies and procedures
- Spoke with a range of staff
- Looked at a random selection of patient reports
- Made observations of the environment and infection control measures
- Reviewed patient feedback including CQC comment cards

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

### We rated safe as Good because:

The service had systems to keep people safe and safeguarded from abuse. There were systems to assess, monitor and manage risks to patient safety. The service learned when things went wrong and took steps to prevent incidents from reoccurring. Staff had the information they needed to deliver safe care and treatment to patients.

### Safety systems and processes

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

- The service had processes and systems in place to keep patients safe. We saw safeguarding policies in place which were accessible to staff, they outlined who to contact for further guidance, for instance, if staff had concerns about a patient's welfare.
- Services were provided to those aged 18 and over. Staff were up to date with their annual safeguarding training which covered children and adults, doctors were trained in safeguarding adults at level three and staff we spoke with knew how to identify and report concerns.
- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role, evidence included registration with the appropriate professional bodies, appropriate indemnity arrangements and checks through the Disclosure and Barring Service (DBS). (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 had received a DBS check, including those who acted as chaperones; chaperones had also been trained for this role.

### Risks to patients

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

- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed cleaning records were in place. Systems were in place to ensure clinical waste was appropriately disposed of. Staff had access to personal protective equipment including disposable

gloves, aprons and coverings. The doctor was the infection control lead and we saw that all staff had received infection control training. There was an infection prevention control protocol in place and we saw records of completed infection control audits.

- The provider carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them. The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure that equipment was checked and working.
- There was a health and safety policy in place. We saw that fire risk was formally assessed, fire drills and weekly fire alarm testing was recorded and staff had received health, safety and fire training. We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- There were adequate arrangements for planning and monitoring the number and mix of staff needed. Supporting evidence viewed during our inspection indicated that there were enough staff to meet demand for the service.
- There was an effective induction system for agency staff tailored to their role.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. A business continuity plan was in place for major incidents such as power failure or building damage.

### Information to deliver safe care and treatment

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

- Patient records, such as consultations, were maintained in paper format only. Systems were in place to ensure that all patient information was stored and kept confidential. There were policies in place to protect the storage and use of all patient information.
- Individual records were written and managed in a way to keep people safe. This included ensuring patient records were accurate, complete, eligible, up to date

## Are services safe?

and stored appropriately. The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.

- Electronic records were only kept for basic patient information provided at registration, these were stored on the clinic's electronic booking system. The service's IT systems, including the electronic booking system, was password protected and encrypted.
- Staff had signed confidentiality agreements and were trained in data protection. The service was also registered with the Information Commissioner's Office (ICO) in line with the requirements of the Data Protection Act 2018.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- There were adequate arrangements in place to respond to emergencies and major incidents. During our inspection we saw that the service had a defibrillator and oxygen with adult masks on site and there were records in place to support that these were regularly checked to ensure they were fit for use. Staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. The medicines were checked on a regular basis and records were kept supporting this.
- There was a process for the safe handling of requests for medicines and evidence of structured medicines reviews for patients on repeat medicines.

### Track record on safety and incidents

#### 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. We saw that one significant event had been recorded within the last 12 months, this was thoroughly investigated and appropriately managed. The event was continually reflected on as part of the doctors appraisal process also. Prior to this we saw that other significant events had been formally recorded and well managed.
- Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns. We saw that significant events were discussed in formal monthly practice meetings which were minuted and attended by all staff including the locum doctor. Staff had informal weekly catch up meetings in-between and engaged closely on a daily basis as a small team of three, sometimes four when the locum doctor was working at the practice.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We saw examples of alerts that had been processed through this system with oversight from the doctors, examples included a medicines alert regarding an anti-epileptic medicine, an alert regarding specific medicines guidelines for pregnant patients and those of child bearing age, and an alert on medicines used in patients with hypertension. Although many alerts did not require alterations to patients treatment and medicines we saw that patient records were checked for assurance of this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

The provider had systems to keep clinicians up to date with current evidence based practice. Staff had the skills, knowledge and experience to carry out their roles. The service monitored performance and activity to make quality improvements where possible.

### 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 in line with current legislation, standards and guidance as relevant to their service.**

- There was evidence in place to support that the doctors carried out care and treatment in line with relevant and current evidence based guidance and standards.
- Doctors assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE) evidence based practice. We saw evidence to support use of appropriate clinical care pathways and protocols during our inspection.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity, for example:**

There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, we saw completed audits on cholesterol management in patients and the use of statins (medicines that can help to reduce cholesterol levels), there was a Vitamin D audit and an audit on care for patients with Hypertension. Although these audits were based on small numbers, they did demonstrate improvements to care. In addition, the doctor was passionate about preventative medicine and delivered educational talks at various healthcare events. We saw an example of a comprehensive diabetes presentation

developed and delivered by the doctor, a copy of this presentation was also shared with patients to help with health promotion and education; this included pre-diabetic and diabetic patients.

### 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- We saw that doctors were also appraised through the NHS appraisal process due to undertaking some clinical work in other remits of the NHS. Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. We also saw an extensive suit of completed training records for the doctor during our inspection. The provider also undertook a review of the locum doctors consultations when they provided locum cover at the clinic.

### Coordinating patient care and information sharing

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

- The clinic operated a policy for checking patient identification on first arriving at the clinic. All patients were asked for consent to share details of their consultation and health assessment with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Onward referrals resulted in a letter back to the doctor, we saw evidence of comprehensive referral correspondence during our inspection.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The provider had direct access to a wide range of male and female specialist clinicians in the event that a patient had specific or alternative care needs. This included fast

# Are services effective?

(for example, treatment is effective)

track access to other primary care and secondary care services, as well as access to mental health support and alternative therapies such as hypnotherapy and life coaching.

- 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.
- The provider 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.

## 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.**

- Where appropriate, doctors 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 needs could not be met by the service, staff redirected them to the appropriate service for their needs. In addition, we saw that the provider discussed NHS options with patients where they could access treatment for free, such as those for the treatment of asthma.

## 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.
- The service monitored the process for seeking consent appropriately.
- There was clear information available with regards to the services provided and the cost of these.



# Are services caring?

## Our findings

### We rated caring as Good because:

Staff treated patients with kindness, respect and compassion. Patients were involved in decisions about their care. The service respected patients' privacy and dignity. Feedback from patients was positive about the way staff treat people.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- Staff we spoke with were passionate about their work and demonstrated a patient centred approach.
- 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.
- We received four completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Staff were described as friendly and professional.

The service gathered patient feedback through customer feedback forms, online feedback and by general feedback provided during appointments. We looked at the results of the services May 2019 customer feedback forms which highlighted positive satisfaction rates. The forms asked

patients to rank different aspects of the service on a scale of one to five, with one being poor and five being excellent. We saw that patients ranked the service positively with regards to:

- The service provided by the doctor; this was described by all patients as very good and excellent
- Meeting patient requirements; this was described as good, very good and excellent
- Quality of care; this was described as good, very good and excellent
- Most patients described the professionalism and friendliness of staff as excellent

### Involvement in decisions about care and treatment

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

Patient comments gathered during our inspection highlighted that they felt listened to and that they 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.

Staff recognised the importance of people's dignity and respect. Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

Patients had timely access to services. The service took account of patient's needs, complaints and concerns were taken seriously. Feedback from patients was positive with regards to booking appointments, access to care and the timeliness of the services provided.

### 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. Staff were available to help patients with the booking of appointments over the phone or at the reception desk. Patients had a choice of time and day when booking their appointment. The provider also had direct access to a wide range of male and female specialist clinicians in the event that a patient had specific or alternative care needs.
- The facilities and premises were appropriate for the services delivered. There were facilities in place for people with disabilities and for people with mobility difficulties.
- There were translation services available, in addition the provider spoke five languages and the administrator was also fluent in Spanish.

### 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 and test results.
- 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.

The results of the services May 2019 customer feedback forms ranked the service positively with regards to ease of booking appointments; this was described by all patients as very good and excellent. We noted that some of the completed comment cards also described service as efficient.

### 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. The service had complaint policy and procedures in place.
- Although no complaints had been made during the last 12 months, we observed some of the complaints made prior to this. These demonstrated openness, honesty and transparency when responding to the complaints. We saw examples of complaints that were fully investigated and where the complainants were provided with a timely response.
- 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### We rated well-led as Good because:

The service had a culture of high-quality care. The service focused on the needs of their patients and also their staff. In turn, patient satisfaction was positive and staff felt respected, supported and valued. Governance arrangements were actively reviewed and reflected good practice. There were clear and effective processes for managing risks, issues and performance.

### 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.
- Leaders at all levels were visible and approachable, they operated as a small, open and supportive team.
- 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 which was complimented by a set of aims and objectives. These included ensuring provision of the best care and treatment to patients in peaceful, practical, professional and comfortable surroundings.
- The provider expressed pride in the service being a whole person centred diagnostic and management service in primary care. Conversations with staff during our inspection demonstrated a passion to ensure that patients were at the heart of the service.
- The service had a realistic strategy and supporting business plans to achieve priorities. Progress against the delivery of the strategy was regularly monitored.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We noted that incidents and complaints had been handled with openness, honesty and transparency.
- The service actively promoted equality and diversity. Staff felt they were treated equally.

### 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 the service promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider 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.
- 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 to manage major incidents.
- 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. The provider had oversight of safety alerts, incidents, and complaints.

# Are services well-led?

Good 

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

## **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 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 when required.
- 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 effective 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**

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

- The service was transparent, collaborative and open with stakeholders about performance
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Staff told us they were encouraged to give feedback through formal meetings, appraisals and through daily engagement as a team.
- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

## **Continuous improvement and innovation**

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

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