

Mr Yehudi Gordon

Harley Street Healthcare Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 27 March 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not 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 not providing well-led care in accordance with the relevant regulations.

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.

The provider offers face to face consultations and examinations for gynaecological ailments, fertility and family planning services for adults over the age of eighteen.

We received sixteen Care Quality Commission comment cards from patients who used the service; all were positive about the service experienced. Many patients reported that the service provided high quality care.

Our key findings were:

- The service had some systems to manage risk; however, the provider did not have a clear system in place to manage significant events, medicines and safety alerts and safeguarding arrangements for adults.
- The provider did not have adequate infection prevention and control arrangements in place.
- The service did not routinely review the effectiveness and appropriateness of the care it provided; however, the patient records we reviewed indicated that care and treatment was delivered according to evidence based guidelines.

Summary of findings

- There was limited evidence of quality improvement and clinical audits had not been undertaken.
- Comments cards indicated that staff involved and treated patients with compassion, kindness, dignity and respect.
- The service did not have an accessible toilet suitable for disabled patients.
- Patients reported that they were able to access care when they needed it.
- Information on how to complain was available and easy to understand; however, complaints were not recorded to ensure learning.
- There were some governance arrangements in place; however, there were limited arrangements in place to ensure safe care for patients.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way for patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Put in place adequate procedures to check the safety and suitability of the contract staff used.
- Obtain written consent for appropriate procedures.
- Review service access for patients who are disabled.
- Put in place processes to review policies and procedures regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The service had some systems to manage risk; however, the provider did not have a clear system in place to manage significant events, medicines and safety alerts and safeguarding arrangements in place for adults.
- Premises and equipment were clean; however, the provider did not have adequate arrangements in relation to infection prevention and control.
- The service had a business continuity plan.
- Staff knew how to recognise the signs of abuse and how to report concerns; however, the service did not have an adult safeguarding policy in place to ensure safeguarding concerns were adequately managed.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The provider ensured that care and treatment was delivered according to evidence based guidance.
- Staff had the knowledge to deliver effective care and treatment.
- Staff did not receive training relevant to their role including safeguarding, basic life support, information governance and Mental Capacity Act.
- There was limited evidence of quality improvement and the service had not undertaken any clinical audits.
- There was evidence of appraisals for staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The Care Quality Commission comment cards we received were all positive about the service experienced. Many patients reported that the service provided high quality care.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Information on how to complain was available and easy to understand.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The service had a vision to deliver high quality care and promote good outcomes for patients; however, there was limited evidence to support this.
- There were limited arrangements in place to ensure safe care for patients.

Summary of findings

- The service had policies and procedures to govern activity; however, some of the policies were not adequate; for example, the chaperone policy was not detailed.
 - There were some arrangements in place to identify risk; however, there were limited arrangements in place to monitor and improve the quality of care.
 - The provider was aware of the requirements of the duty of candour.
 - The service kept complete patient care records which were clearly written or typed, and these were stored securely.
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Harley Street Healthcare Clinic

Detailed findings

Background to this inspection

Mr Yehudi Gordon is an independent provider of medical services in Westminster and treats adults over eighteen years of age. The service is led by a doctor specialised in gynaecology supported by a contracted practice manager and secretary.

Mr Yehudi Gordon rents space two days a week from Harley Street Healthcare Clinic at 104 Harley Street, London W1G 7JD. He also practices at a private hospital.

The provider offers face to face consultations and examinations for gynaecological ailments, fertility and family planning services for adults over the age of eighteen. Services are available to people on a pre-booked appointment basis on Tuesdays and Thursdays between 8:30am and 6pm. The service informed us that they see approximately 100 patients a month.

The clinic has a waiting area and two consulting/treatment rooms used by this service.

Mr Yehudi Gordon is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, family planning and treatment of disease, disorder or injury.

The inspection was led by a CQC inspector and supported by a second inspector and GP 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

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had did not have clear systems in place to keep patients safe and safeguarded from abuse.

- The service had some systems to safeguard children and vulnerable adults from abuse. The service had a child safeguarding policy in place which outlined who to go to for further guidance; however, they did not have an adult safeguarding policy in place. After we raised this issue with the provider they sent us a copy of their safeguarding adults policy six days following the inspection which included the necessary information.
- Staff interviewed demonstrated that they understood their responsibilities regarding safeguarding.
- Staff we spoke to The lead clinician had not completed any child protection training; however, they had completed safeguarding adults training. The service informed us that they only saw patients over the age of eighteen.
- The service did not have a system in place to verify patients' identity during registration of new patients which meant that the service could not be assured they were only treating patients aged over eighteen. After we raised this issue with the provider they sent us a copy of their age of patients check policy six days following the inspection and assured us that they would be checking the identity of patients whose date of birth indicate they were 21 or under.
- The service did not employ any additional staff and used contract staff to manage the day to day running of the service. We looked at the records of the lead clinician who had appropriate professional registration, indemnity insurance and Disclosure and Barring Service (DBS) check. (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 service did not maintain any records for the contract staff.
- The service had a chaperone policy in place; however, it did not contain relevant information for example about training of chaperones. The service had a designated staff member who acted as a chaperone and had a DBS

check and had received appropriate training. After we raised this issue with the provider they sent us a copy of their updated chaperone policy six days following the inspection which included the necessary information.

- The service did not have an effective system in place to manage infection prevention and control. The lead clinician had not completed any infection control training. After we raised this issue with the provider the lead clinician completed the infection prevention and control training and sent us evidence to support this six days following the inspection. The consulting rooms did not have a hand wash basin for washing hands between consultations with patients and in particular before and after carrying out procedures including cervical smear and insertion of intra uterine device (IUD/coil) which increases the risk of infection. The provider informed us that they were using alcohol hand rub between consultations and before and after carrying out procedures. When we raised this issue with the provider they agreed not to do these procedures until hand wash facilities had been resolved.
- The infection control audit provided by the service during the inspection was a generic one for the whole building which had other services and did not consider the risks of not having a hand wash basin in the clinical rooms. The service had not undertaken a risk assessment to demonstrate the risks of not having a hand wash basin and to ensure actions are taken to mitigate or reduce risks. After we raised this issue with the provider they informed us that an infection prevention and control audit would be undertaken specific to the consulting rooms used by the provider.
- Although a hard floor was in place in the treatment room, there were gaps which means it could not be cleaned appropriately. The service had not undertaken a risk assessment to identify if this posed a risk to patients and thus had no mitigating action to reduce the risk of infection. When we raised this issue with the provider they agreed not to do any procedures including insertion of IUD/coil until flooring issues had been resolved.
- Six days following the inspection the provider sent us a copy their updated infection prevention and control policy which included the necessary information.
- There were systems for safely managing healthcare waste.

Are services safe?

- The service ensured that facilities and equipment were safe to use and that equipment was maintained according to the manufacturers' instructions.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The lead clinician had completed basic life support training in September 2015 and had not had an update since that time.

Information to deliver safe care and treatment

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 clear systems for sharing information with other agencies. The service informed us that a letter is sent to the patients' NHS GP after each consultation and a copy of the letter is stored in the services' patient management system; we saw evidence to support this.

Safe and appropriate use of medicines

The service did not have adequate arrangements in place for appropriate and safe handling of medicines.

- The service had single use medical oxygen cylinder to use in an emergency. The service had some emergency medicines; however, the service did not have atropine (a medicine used to increase heart rate) to use in an emergency if the patients reacted adversely to the insertion of an intra uterine device (IUD/coil) and had not considered the risk of not having this medicine. After we raised this issue with the provider they informed us this medicine was ordered.
- The practice informed us that they had arrangements in place to check medicines; however, we found that the service had an out of date medicine lidocaine (a local anaesthetic) which expired in January 2018. The service

used this local anaesthetic to the cervix prior to IUD/coil insertion which they believed reduced the need for atropine to combat vasovagal bradycardia (decreased heart rate).

- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- During the inspection we looked at the records of five adult patients, and found they were managed according to evidence based guidelines.

Track record on safety

- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety.

Lessons learned and improvements made

The service did not have a clear system in place to learn and make improvements when things went wrong.

- The service did not have a clear system for recording and acting on significant events and incidents. The service informed us that they have had one significant event since the service started in September 2011; we saw that this significant event was not formally recorded and was recorded in the patient notes. However, we saw evidence from the patient notes that this significant event was investigated and appropriately dealt with. After we raised this issue with the provider they informed us they had put a system in place to manage significant events and sent us a copy of their updated adverse events and near misses policy which included the changes made by the provider.
- The service did not have a clear system for receiving, acting and monitoring the implementation of medicines and safety alerts. For example, we did not find any evidence of the service responding to the recent safety alert for pregnant women and the use of sodium valproate and risk of foetal abnormalities. After we raised this issue with the provider they informed us that they had put a system in place to manage these alerts and sent us a copy of their updated medicines and safety alerts policy six days following the inspection which included the changes made by the provider.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The service had a system in place to keep clinicians up to date with current evidence-based practice.

- Patients' needs were fully assessed.
- During registration of new patients, the patients were asked to complete a detailed health questionnaire which included past medical history and family history.
- We saw no evidence of discrimination when making care and treatment decisions and the provider clearly explained the costs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

- There was limited evidence of quality improvement. The service had not undertaken any clinical audits.
- The practice had undertaken a regular cervical smear audit to determine the rate of inadequate smears which indicated a low inadequate rate.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- The service did not maintain any records for contract staff.

- The lead clinician had not completed training relevant to their role.

Coordinating patient care and information sharing

- The lead clinician confirmed they referred patients to an NHS or private service when required. The service had a referral form to make private referrals and had appropriate referral pathways.
- There was evidence of written communication between the service and patients' NHS doctors'. The service informed us that a letter was sent to the patients' NHS GP after each consultation and a copy of the letter was stored in the services' patient management system; we saw evidence to support this.

Supporting patients to live healthier lives

The service had identified patients who may need extra support and referred them to relevant services.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. However, the service did not obtain written consent for procedures such as insertion of intra uterine device (IUD/coil); they obtained verbal consent and recorded this in the patients' notes.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide; however clinical staff had not completed Mental Capacity Act training.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- All the 16 patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service gave patients clear information to help them make informed choices; staff listened to them, did not rush them and discussed options for treatment with them.

- The service provided patients with information about the services available. During each appointment the service sent a letter to patients' confirming their appointment time and fees with detailed information about the practices' terms and conditions in relation to their appointment.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- They stored patient records securely.

The service had obtained feedback from patients who used the service through yearly surveys. The service provided the results for the year 2015 (30 patients) and 2016 (36 patients) which indicated that the patients were positive about the service experienced.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered. The clinic was suitable for disabled patients; however, the clinic did not have an accessible toilet suitable for disabled patients.
- The service had information available for patients which explained the services offered by the clinic including the costs outlined.
- Most of the patients attending the service referred themselves for treatment; the provider informed us that some of the patients were referred by NHS GPs. The service informed us they referred patients to other services when appropriate.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- The clinic was open on Tuesdays and Thursdays between 8:30am and 6pm.
- Patients had timely access to appointments.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The service had not received any complaints in the last year so we reviewed a complaint that was received by the service before this time. We found that this complaint was not formally recorded but was recorded in the patient notes.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

The lead clinician had the capacity to deliver high-quality care.

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us the lead clinician was visible and approachable.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients; .

Culture

- Staff stated they felt respected, supported and valued.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need; however, this was not effective in relation to identifying training relevant to their role.
- The lead clinician had received an appraisal in the last year. Appraisals were not undertaken for contract staff; however, the staff we spoke to during the inspection indicated that they had regular meetings with the lead clinician and their training needs were met. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service respected equality and diversity.

Governance arrangements

The systems in place did not adequately support good governance and management. The lead clinician had overall responsibility for the management and day to day running of the service and was supported by the practice manager.

- Structures, processes and systems to support good governance were not always effective. The service did not have adequate arrangements in place to ensure care and treatment was provided in a safe way for service users.
- Arrangements in place in respect infection prevention and control were not adequate.
- The service held regular governance meetings; however, these were not minuted. After we raised this issue the provider informed us that these meeting would be minuted in the future and sent us a copy of a sample of their agenda with standing items for discussion.
- The service had policies, procedures and activities; however, some of the policies were not adequate for example the chaperone policy was not detailed.

Managing risks, issues and performance

The processes for managing risks, issues and performance required improvement.

- The arrangements in place to identify, understand, monitor and address risks including risks to patient safety required improvement.
- The service had a detailed business continuity plan in place to manage major incidents.
- There was limited evidence of quality improvement and the service had not undertaken any clinical audits.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were 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 had a system in place to gather regular feedback from patients. They obtained feedback from patients through a yearly patient survey.

Continuous improvement and innovation

- The systems and processes to support learning and improvement was limited.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care.</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The service did not ensure staff received training relevant to their role including safeguarding, basic life support, information governance and Mental Capacity Act.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>