

Harley Street Audiovestibular Clinic

Inspection report

86 Harley Street
London
W1G 7HP
Tel: 02034809630
www.harleyavm.com

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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

Harley Street Audiovestibular Clinic is a consultant led private clinic specialising in the diagnosis and management of hearing and balance disorders. The clinic is based in central London and offers consultation and clinical assessments using a range of diagnostic equipment.

The service has a 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.

We conducted an announced comprehensive inspection at Harley Street Audiovestibular Clinic on 13 March 2023 as part of our inspection programme.

Our key findings were:

- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.
- The service was tailored to meet patients’ needs and delivered in a way to ensure flexibility, choice and continuity of care.
- We saw evidence of quality improvement activity. For example, clinical audit was used to drive improvements in patient outcomes. Clinicians also held senior NHS consultant roles and were therefore able to share best practice.
- Leadership and practice management arrangements drove the delivery of high-quality person-centred care.

The areas where the provider **should** make improvements are:

- Continue to liaise with its Landlord in respect of managing risks associated with a bacterium called Legionella (which can proliferate in building water systems).

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to Harley Street Audiovestibular Clinic

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Harley Street Audiovestibular Clinic is a private, medical consultant-led service specialising in the diagnosis and management of hearing and balance disorders. The clinic is based in central London and offers consultation and clinical assessments using a range of audiological and vestibular diagnostic equipment.

The service is led by a Consultant Audiovestibular Physician who is supported by a specialist audiologist. Sessional medical consultants also provide consultations, diagnoses and management advice for patients, supported by specialist audiologists undertaking diagnostic testing. This allows the clinic to provide a one-stop testing and diagnosis service. An operations manager provides governance and administrative support.

The service is offered to private patients aged 18 and over and is open Wednesdays and Thursdays 9am-5pm.

Harley Street Audiovestibular Clinic is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Are services safe?

We rated safe as Good because:

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.
- The service had systems in place to act and learn from external safety events as well as patient and medicine safety alerts.

Safety systems and processes

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

- The service had systems and protocols to safeguard vulnerable adults from abuse including details of who to go to for further guidance. The Registered Manager/lead clinician was designated Safeguarding Lead. Local Authority safeguarding guidance was also readily accessible.
- The service had systems in place to enable it to work 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 provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We looked at systems in place to manage infection prevention and control (IPC) risks. An IPC audit had not recently taken place but when this was highlighted the provider took immediate action to conduct an audit and to also introduce a programme of annual IPC audits. We noted the service's medical consultant was also the service's IPC lead and that they had completed recent IPC training.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Records showed that in July 2021, the provider's Landlord had commissioned an external contractor to assess risks associated with a bacterium called Legionella (which can proliferate in building water systems). The risk was assessed as "medium" because of factors such as the Landlord's failure to undertake periodic water temperature checks. We noted that a subsequent August 2021 water sample test confirmed the absence of the Legionella bacterium from the building's water system and that a further, periodic risk assessment was recommended to take place in July 2023.
- The provider's Landlord 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The medical consultant knew how to identify and manage patients with severe infections although we noted that the outpatient nature of the service meant that the risk of such adverse events was very low.

Are services safe?

Information to deliver safe care and treatment

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

- We looked at a selection of individual care records and confirmed these were written and managed in a way that kept patients safe. The care records 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.
- Clinicians routinely made diagnoses in line with up to date evidence-based guidance.

Safe and appropriate use of medicines

We looked at systems for appropriate and safe handling of medicines.

- We noted the provider did not carry emergency medicines or equipment. When we queried this arrangement, we were told that the outpatient nature of the service meant there was a very low risk of adverse events. However, we noted this decision had not been formally risk assessed. Shortly after our inspection we were sent a copy of a risk assessment which highlighted how factors such as recent staff basic life support training, an on-site defibrillator, nearby hospital emergency departments and the absence of invasive procedures had informed the service's decision not to keep emergency medicines on site.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place when things went wrong.

- Although the service had not recorded any significant events in the previous 12 months, there was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

- The provider assessed needs and delivered care in line with current evidence-based guidance.
- Clinical audits were carried out and all relevant staff were involved.
- We saw evidence of how opportunities to participate in peer review were proactively pursued.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. For example, referencing National Institute for Health and Care Excellence (NICE) best practice guidelines regarding the management of vestibular migraine.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used clinical audits to improve quality. For example, a recent audit of procedures undertaken to relieve vertigo symptoms had indicated that the service's success rates were comparable to those identified in literature reviews.
- Regular clinical meetings took place allowing clinicians to discuss latest clinical best practice and audit findings.
- We noted that the service's lead clinician was a practicing senior NHS medical consultant and also honorary secretary of the British Association of Audiovestibular Physicians. One of the consultants had recently sat on a NICE national Audiovestibular Steering Group and all consultants at the service had produced research papers or had had papers published in medical journals. The lead clinician spoke positively about how these roles supported quality improvement and we noted, for example, that the service maintained a list of academic literature to support sharing best clinical practice.

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 service's medical consultant was registered with the General Medical Council (GMC) and was up to date with revalidation.
- 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.
- Clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP.
- 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.

- Where appropriate, staff gave people advice so they could self-care and we saw evidence the service advocated a holistic approach. For example, patient leaflets promoted lifestyle changes as one way of better managing vestibular migraine (a type of migraine that mainly presents with dizziness symptoms).
- 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.

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.

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example, all 26 of the online reviews submitted in the last 2 years gave the service a 5 star rating (with a common theme being that staff treated patients with care and compassion).
- 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.

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back 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. For example, all 26 on-line reviews gave the service a 5 star rating (with a common theme being that staff listened and clearly explained treatments).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service was located in a large consultation room and so if patients wanted to discuss sensitive matters this could take place in complete privacy.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were appropriate for the services delivered. For example, the service was lift accessible; therefore precluding the need for patients with vertigo to use the stairs.

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, 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.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint was available on the premises.
- The service had not received any complaints in the previous 12 months.

Are services well-led?

We rated well-led as Good because:

- The lead clinician strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit.
- Leadership and practice management arrangements drove the delivery of high-quality person-centred care.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

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

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. This included increasing the use of consultants so as to allow introduction of a paediatric service.

Vision and strategy

The service had a clear vision to deliver high quality, patient centred care.

- The lead clinician had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

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.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Systems to support good governance were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

- Staff were clear on their roles and accountabilities.
- The lead clinician had established service-specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence the service had undertaken prompt action to improve governance arrangements (for example regarding managing infection risks).
- The service used a bespoke, secure cloud-based platform to document clinical records and patient information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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 provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- We saw evidence the service undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- The service was transparent, collaborative and open with stakeholders about performance.

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. For example, we saw how clinical audit had been used to assess procedure success rates.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to drive improvement.

Are services well-led?

We saw evidence of how the service supported improvement and innovation work (for example membership of national bodies and participation in national NICE steering groups).