

Mr Yehudi Gordon

# Harley Street Healthcare Clinic

## Inspection report

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Date of inspection visit: 27 Nov 2018  
Date of publication: 09/01/2019

### Overall summary

We carried out an announced comprehensive inspection on 27 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

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.

CQC inspected the service on 27 March 2018 and asked the provider to make improvements regarding management of significant events, medicines and safety alerts, safeguarding arrangements for adults, infection prevention and control arrangements, training provided for staff, safety and suitability of contract staff, written consent for procedures, and review of policies and procedures. We checked these areas as part of this comprehensive inspection and found they had been resolved.

Mr Yehudi Gordon is an independent provider of medical services in Westminster and treats adults over eighteen years of age for gynaecological ailments.

Twenty patients provided feedback about the service; all were positive about the treatment and care received from the service.

#### **Our key findings were:**

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

# Summary of findings

- The service had systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had received safeguarding training relevant to their role.
- Clinical staff we spoke to were aware of current evidence-based guidelines and they had the skills, knowledge and experience to carry out their roles.
- There was some evidence of quality improvement; however, the service had not undertaken any clinical audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Consent procedures were in line with legal requirements.
- Systems were in place to protect personal information about patients.

- Patients could access care and treatment from the centre within an appropriate timescale for their needs.
- The service proactively gathered feedback from patients and staff.
- There was a focus on continuous learning and improvement at all levels of the service.

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

- Review service procedures to consider how they measure improvements in outcomes for patients, for example, through the use of clinical audits.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Harley Street Healthcare Clinic

## Detailed findings

### Background to this inspection

Harley Street Healthcare Clinic operates at 104 Harley Street, London, W1G 7JD. The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, family planning and treatment of disease, disorder or injury. The service provides medical services and treats adults over eighteen years of age for gynaecological ailments, fertility and family planning services. The service website can be accessed through the following link: [www.dryehudigordon.com/](http://www.dryehudigordon.com/)

The service offers pre-bookable face-to-face appointments for adults over the age of 18. The service is open from 8.30am to 6pm on Tuesdays and Thursdays and closed on weekends. The provider informed us that they see around 50-100 patients each month.

Patients requiring advice and support outside of those hours are advised to contact the service by e-mail or telephone Monday to Friday.

The service is led by a doctor specialised in gynaecology supported by a contracted practice manager and secretary.

The inspection was led by a CQC lead inspector who was accompanied by a GP specialist advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the lead clinician and the practice manager. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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 providing safe care in accordance with the relevant regulations. The provider had addressed the concerns identified in the last inspection and made significant improvements.

### 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 regularly reviewed and communicated to staff. The service had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. During the inspection we found that the safeguarding adults policy did not have the details of the local safeguarding team; however, they had a local safeguarding referral form. After we raised this issue with the provider they updated their safeguarding adults' policy and sent us evidence the day following the inspection.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service informed us that they only verify the identity of patients during registration if they indicate they were below 21 years of age.
- The service did not employ any additional staff and used contract staff to manage the day to day running of the service. The provider carried out
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control and for safely managing healthcare waste.
- The landlord had undertaken a legionella risk assessment in October 2017 and had acted on the recommendations following the risk assessment.

### Risks to patients

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

- 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 to cover all potential liabilities.

### 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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The lead clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service used printed letter head for prescriptions and a copy of each prescription provided to patients were scanned and saved in their patient management system.
- Staff 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.

### Track record on safety

- 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

# Are services safe?

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 shared lessons and took action to improve safety in the service. For example, following last inspection the provider had significantly improved the infection prevention and control arrangements in place.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations. The provider had addressed the concerns identified in the last inspection and made significant improvements.

### 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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- During the inspection we looked at three sets of patient records in the service's patient management system and found that the patients' immediate and ongoing needs are 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.

### Monitoring care and treatment

The service was involved in some quality improvement activity. For example, the service had obtained patient feedback from 36 patients in 2016 to ascertain how effective the Bioidentical Hormone Replacement Therapy (BHRT) provided was i.e. the severity of their symptoms before and after treatment. The results indicated that the average number of 22 symptoms patients rated severe or moderate before treatment was 7.5 which reduced to 2.5 post treatment. The service was in the process of repeating this feedback exercise for 2018.

- The service used information about care and treatment to make improvements. However, the service had not undertaken any clinical audits.
- The provider had undertaken a review of cervical cytology procedure (cervical smears) during the period April to June 2018 to ascertain the number of inadequate smears. The service had performed this procedure for 28 patients and found that one smear was inadequate.

### Effective staffing

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

- All staff were appropriately qualified.
- The lead doctor was registered with the General Medical Council (GMC) and was up to date with revalidation
- The provider understood the learning needs of staff and up to date records of skills, qualifications and training were maintained.
- The provider had regular clinical meetings and case discussions with external consultants and we saw evidence to support this.

### Coordinating patient care and information sharing

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

- Staff referred to, and communicated effectively with, other services when appropriate. The service had a referral form to make referrals and had appropriate referral pathways.
- Before providing treatment, the lead doctor 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 registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

# Are services effective?

(for example, treatment is effective)

- 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider performed a detailed holistic screening of patients looking at health promotion and disease prevention.

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.

## **Consent to care and treatment**

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. All the 20 Care Quality Commission comments cards we received were positive about the service experienced.
- 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, to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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.
- 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 patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The patient records were securely stored.
- 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 (40 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 relevant regulations.

### 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.
- The facilities and premises were appropriate for the services delivered; however, the clinic did not have an accessible toilet. When patients book in for an appointment they were informed about the lack of accessible toilets in the premises and were given an option to be seen at a hospital the lead doctor worked.
- The service had the information available for patients which explained the services offered by the clinic including the costs outlined.

### 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.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had complaint policy and procedures in place. 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 learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, a patient was not happy about the lack of information about the cost of blood tests and phlebotomy. This complaint was discussed in a service meeting; in addition to the written information provided to patients the service decided to verbally inform costs for patients when booking for a test; the prices were also clearly stated on the request form.

# 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 the service was providing well-led care in accordance with relevant regulations. The provider had addressed the concerns identified in the last inspection and made significant improvements.

### Leadership capacity and capability;

The lead clinician 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.
- The lead clinician worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

### Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals 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.

### 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.

- Staff were clear on their roles and accountabilities.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held regular governance meetings with the lead clinician and the practice manager in which they discussed complaints, significant events, safety alerts, policies and procedures, audits, risks and staff training.

### Managing risks, issues and performance

There were clear 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 lead clinician had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- The service had not undertaken any clinical audits.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

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

- The patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback. They obtained feedback from patients through a patient survey.

### Continuous improvement and innovation

There were evidence of systems and processes for learning and continuous improvement.

# Are services well-led?

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

- There was a focus on continuous learning and improvement. The provider had addressed the concerns identified in the last inspection and made significant improvements.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements