112 Harley Street

Inspection report

112 Harley Street
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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall. (Previous inspection January 2020 – Requires improvement) . This is the first inspection of this service under the current provider. At that the last inspection in January 2020 the service was operated by a different provider. The current provider therefore inherited this rating from the previous provider.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at 112 Harley Street February 2022 as part of our inspection programme. This location is now operating under a new provider, TIC Health.

At the previous inspection in January 2020 we found concerns around significant events and safety management, staff recruitment and training and overall governance. At this inspection, whilst acknowledging that the service was now being operated by a new provider, we followed up on these concerns, as well as all of the key questions we look at as part of a comprehensive inspection.

The service is a small private GP practice with cardiac services.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At 112 Harley Street, services are provided to patients under arrangements made by their employer/ a government department/ an insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at 112 Harley Street, we were only able to inspect the services which are not arranged for patients by their employers/ a government department/an insurance provider with whom the patient holds a policy (other than a standard health insurance policy).

One of the doctors at the service is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service did not have adequate governance systems in place. They were unable to demonstrate policies, procedures and activities to ensure safety and assurance that they were operating as intended.
- Risks to patients including around managing emergency medicines, staff recruitment and general risk assessment, monitoring and management processes were not clearly defined and mitigated against.

Overall summary

- Patients' needs were effectively assessed and care and treatment was delivered appropriately. The practice prescribed medicines safely and effectively.
- Patients were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment.
- The service met people's needs and patients were able to access care and treatment readily.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Review and improve systems and processes for learning, continuous improvement and innovation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC second inspector and a GP specialist advisor.

Background to 112 Harley Street

TIC Health 112 Harley Street is an independent health service that occupies rooms on the 3rd floor of 112 Harley Street, a building managed by London Women's Clinic. Its opening hours are Monday to Friday 0800 – 1730. Their website address is: www.tichealth.co.uk

The service is operated by TIC Health which is an independent healthcare company that mainly provides insurance and medicals for the cruise ship industry which do not fall within the scope of CQC regulation. The service offers a very limited private General Practice service which falls within the scope of CQC regulation. This service includes cardiac screening and diagnostics, vaccinations, and onward referrals. The service also accepts referrals from other practices in the area.

At the time of this inspection the private GP service had only seen two patients since they registered with the Care Quality Commission in August 2021.

The service employs two doctors, a practice manager, a cardiac technician, a health care assistant and administrative staff.

TIC Health 112 Harley Street are registered with the Care Quality Commission (CQC) to provide:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

How we inspected this service

The inspection was completed by a CQC Lead Inspector, a second CQC Inspector and a 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

Whilst we found staff had the information they needed to deliver safe care and treatment to patients, we found deficiencies around safety assurance procedures and policies, staff recruitment and induction, significant event management, emergency medicines and medicines management. These areas were also identified as needing improvement at the previous inspection in January 2020 under the previous provider. We have told this provider they must improve these areas.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- We did not see evidence of comprehensive, regular safety risk assessments carried out by the service. We saw some documentation such as fire safety risk assessments and equipment checks, fire drills, electrical safety checks and water safety checks but these appeared to be ad hoc and did not demonstrate a consolidated process of risk management. We were told these were managed by the building's management. We told the provider they should take steps to assure themselves that people using their service and employees would be kept safe.

- The service did not have clear and organised policies around safeguarding and keeping people safe from abuse. We found staff had an understating of their responsibilities around safeguarding and had undergone the requisite training. However, the provider was unable to provide us with a coherent internal process, tailored for their service for identifying and managing safeguarding concerns. Whilst the number of patients using the service was very low at the time of this inspection, we have told the provider they must review and improve their ability to ensure any safeguarding concerns were dealt with appropriately by having a clear and articulated policy which was shared with all staff and tailored to the needs of their service.

- The provider carried out some staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- During the inspection we inspected a number of staff files remotely as they were held at a different location. We found the provider did not routinely request references at the time of recruitment and had no risk assessment in place in the absence of references. For example, we looked at the files for the two most recently recruited members of staff, who were both in administrative roles and had been recruited in 2021. We were told references had not been requested for both of these members of staff, however no risk assessment had been carried out to decide whether or not it was safe to offer these applicants employment without references. We did not see a recruitment policy in place setting out how people would be recruited to roles within the service and what checks were to be 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

Requires Improvement

Are services safe?

- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety through regular meetings.
- There were appropriate indemnity arrangements in place.
- There was an effective system to manage infection prevention and control. Cleaning tasks were carried out by the building management and we saw there was a cleaning checklist which detailed all of the cleaning tasks required. We saw evidence of Legionella (a bacteria found in water which causes pneumonia) and water temperature management. Consulting rooms were risk assessed and procedures such as phlebotomy (drawing blood for testing) were performed in a specific clinical room that conforms to infection prevention and control standards.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of medical equipment testing including defibrillators and blood pressure and electrocardiogram (ECG) (a machine used to check your heart's rhythm and electrical activity) monitors. There were systems for safely managing healthcare waste.
- We saw evidence of some risk assessments carried out by the building management which included manual handling, infection control and fire safety.
- We found whilst the service had equipment to deal with medical emergencies which was stored appropriately and checked regularly, the service's stock of emergency medicines did not contain some medicines required to deal effectively with a medical emergency. The service had not carried out a risk assessment to decide which emergency medicines it did or did not need to hold.
- For example, we found the practice did not hold Salbutamol (a drug for treating the symptoms of asthma and chronic obstructive pulmonary disease (COPD)) but they did hold Atropine (a drug for treating a slower than normal heart rate), although they did not fit coils or perform minor surgery. We raised this with the lead GP and service manager who took immediate steps to carry out the risk assessment and obtain the appropriate drugs.

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 service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Requires Improvement

Are services safe?

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 emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied 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.

- The service did not have a clear approach to carrying out risk assessments. On the day of the inspection we were not provided with examples of risk assessments carried out in order to ensure safety monitoring and management. We were told risk assessments were carried out by the building management. Following the inspection the provider sent us copies of risk assessments carried out by the building management. These related to mopping floors and manual handling but provided little detail as to how they were used to ensure the safety of those using or employed by the service. We did not see evidence of a comprehensive set of risk assessments, showing that all aspects which have an impact on safety had been considered and planned for. We have told the service they must improve this.

Lessons learned and improvements made

The service did not always learn and make improvements when things went wrong.

- The provider was unable to demonstrate a clear and comprehensive system for recording and acting on significant events. They told us there had not been any significant events since they registered with CQC. Staff we spoke with articulated an understanding of what a significant event was but this was not underpinned by a clear policy.
- Staff we spoke with were unsure whether or not there was a template for recording significant events. However on checking the provider's computer files we found there was one. Staff we spoke with were unclear as to when this would be used. We were not assured that staff fully understood their duty to raise concerns and report incidents and near misses and the process for doing so. We have told the provider they must review and improve this.
- There were not adequate systems for reviewing and investigating when things went wrong. We were told there had not been any safety incidents since the service registered with CQC and due to the small size of the service, any incidents which occurred could easily be identified, discussed and learned from by all staff. However, this was not formalised in a significant event policy to ensure a suitable process would be followed every time. We have told the provider they must improve their significant events policy and procedure.
- The service did not keep a formal complaints record but they told us they had not received any complaints. Complaints would be dealt with by the service manager.

Requires Improvement

Are services safe?

- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Choose a rating because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements, for example they obtained patient feedback about the service which they used to drive improvements.
- The service made improvements through the use of completed audits, for example around infection control, phlebotomy, and complaints. The provider had not yet carried out any clinical audit due to the low number of patients it had seen since registering with CQC.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were 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.
- The service did not carry out routine immunisations or reviews of patients with long term conditions.

Coordinating patient care and information sharing

Good

Are services effective?

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

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- There had not been any instances where patient information had been shared to other professional services, however the provider was aware of the issues to note when sharing patient information with other services external to the service.
- 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.

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 patients 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.

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.

Good

Are services caring?

We rated caring as Choose a rating because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Choose a rating because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- At the time of our inspection the service had seen a very small number of patients in their GP service, therefore they were not able to demonstrate specific examples of where patient needs and preferences had shaped their service. However, they demonstrated an understanding of the needs of people likely to use their service.
- The facilities and premises were appropriate for the services delivered.

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.
- Appointments were readily available and were flexible to meet patient's needs.
- Referrals and transfers to other services were undertaken in a timely way.
- Referrals were made during appointments with the patients and forwarded on and receipt confirmed.

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.

- We were told the service had not received any complaints from patients since registration with CQC.
- The service had complaints policy and procedure in place, however we were unable to assess the efficacy of the process as they had not received any complaints.
- The service used an external service for any complaints that are inappropriate for internal management.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Whilst the leadership demonstrated the capacity and skills to deliver high quality care, they had not ensured that formal processes and procedures were in place and embedded into the overall governance of the service to ensure it operated safely. For example, with regards to deficiencies we found in staff recruitment, significant events, emergency medicines, risk management and safeguarding. We have told the provider they must improve these areas.

Leadership capacity and capability;

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

- Leaders had an understanding about issues and priorities relating to the quality and future of services. However, this did not always translate into demonstrable action to ensure the service operated in a way which ensured people using the service were kept safe. For example around significant events management, staff recruitment and overall governance.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service did not have a clear vision and strategy for the future of the service.

- The provider told us they planned to increase their GP service in the future and planned to recruit more GPs on a sessional basis. However, this vision was unclear at the time of our inspection.

Culture

The service demonstrated some 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.

- The provider was aware of the requirements of the duty of candour. However this was not detailed and communicated to staff in clear and articulated policies.

- 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.

- The provider had an understanding of the requirement to ensure the safety and well-being of all staff. However, this was not an organised approach to ensuring the safety and well-being of all staff was protected. For example by regular risk assessments and clear processes for significant event management.

Requires Improvement

Are services well-led?

- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- We did not see evidence of effective structures, processes and systems to support good governance and management. For example in relation to staff recruitment, service policies and procedures.
- Staff were clear on their roles and accountabilities.
- Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- 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 was no clarity around processes for managing risks, issues and performance.

- We did not see evidence of an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of clinical staff could be demonstrated through appraisals and audit of their consultations, prescribing and referral decisions. Leaders had awareness of safety alerts, incidents, and complaints. However these were not recorded and managed by a clear and organised process in order to assure themselves of effective oversight.
- The service had not engaged in any clinical audits due to the small number of patients they had seen since registering with CQC. The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Performance and quality data was limited due to the low level of the regulated activity being carried out.

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 encouraged feedback from patients and staff.

Requires Improvement

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

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

- There was an awareness of continuous learning and improvement. We saw that staff had undergone training commensurate with their role. We did not see evidence of innovation or improvement activity, however the service had only been operating for five months at the time of this inspection and had only seen two patients. We were told improvement and innovation would be part of the provider's planning to expand the service.

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
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to: • Ensure there was a system for reporting and recording significant events. • Assess and mitigate the risks to the health and safety of patients and staff at the service, for example through regular safety risk assessments. • Ensure the service was adequately equipped in respect of emergency medicines to respond in the case of a medical emergency.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to: • Ensure there was a system for reporting and recording significant events. • Assess and mitigate the risks to the health and safety of patients and staff at the service, for example through regular safety risk assessments. • Ensure the service was adequately equipped in respect of emergency medicines to respond in the case of a medical emergency.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had failed to operate robust recruitment procedures, including undertaking any relevant checks. In particular: • References had not been sought for two staff members and the provider did not have a clear recruitment policy in place or risk assessment justifying that decision.