

ToHealth Ltd

# ToHealth Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 30 April 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.

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.

This provider offers private GP services, and vaccinations.

Seven patients provided feedback about the service on the Care Quality Commission comments cards, all the comments were positive.

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

- Policies and procedures were in place to support the delivery of safe care.
- The provider had a clear vision to deliver high quality care for patients.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety

# Summary of findings

however on the day of the inspection some of the process had not been fully put into place, after the inspection we were provided with evidence to show all processes were implemented.

- The service had adequate arrangements to respond to emergencies.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

We identified areas where the service could improve and should:

- Review processes to devise and maintain a regular programme of premises checks, such as fire, health and safety, legionella, infection control and electrical safety.
- Review the business continuity plan.
- Review system for undertaking quality improvement for patients.
- Review staff training to ensure all staff undertake role specific training.

# 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 providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events, one event had been reported during the previous year. There were systems to help ensure that if things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, however on the day of the inspection some of the process had not been fully implemented, after the inspection we saw evidence that process were fully in place.
- Staff demonstrated that they understood their responsibilities. All staff had received the relevant level of training on safeguarding children and vulnerable adults relevant to their role.
- Records were kept securely electronically and they were clear, accurate and auditable.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- The practice had adequate arrangements to respond to emergencies and major incidents, however the business continuity plan needed to be amended to include utility contact details.

### Are services effective?

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

- Staff were aware of current evidence based guidance and acted upon it.
- The service referred to NaTHNaC, (National Travel Health Network & Centre) a UK government organisation which produces travel health guidance for healthcare professionals and TRAVAX (an interactive website providing up to the minute travel health information for health care professionals) for travel vaccination guidance.
- The service had not undertaken any audits, the service showed us a schedule of audits which they would undertake following the inspection.
- Staff sought and recorded patients' consent to care and treatment and understood the requirements of legislation and guidance when considering consent.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of a system for appraisals in place and personal development plans for all staff, all staff appraisals were scheduled for May 2018.

### Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients' medical records were all stored securely electronically, only clinical staff could access patient records.
- The provider maintained patient and information confidentiality.

### Are services responsive to people's needs?

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

# Summary of findings

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- The service provided an information leaflet detailing services offered, length of appointment times including a price list.
  - All patients' appointments were pre-bookable and the service offered 15 to 30-minute consultations.
  - The GP service would see children from birth, the immunisation service was accessible to babies from two months old, however since the service had been running they had only seen adults.
  - The service had good facilities and was well equipped to treat patients and meet their needs. The premises were wheelchair accessible. The service had arrangements with the building next door if patients required baby changing facilities.
  - Information about how to complain was available. There was a policy on handling complaints that included processes for learning from complaints.
  - The service displayed posters for chaperoning.
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## Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care.
  - There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective and had all been reviewed.
  - An overarching governance framework supported the delivery of the strategy and good quality care.
  - The service had a set agenda and undertook governance meetings every two months.
  - Staff were scheduled to have annual performance reviews and attended staff meetings and training opportunities.
  - The service was aware of the requirements of the duty of candour.
  - There was a culture of openness and honesty.
  - The service had systems for knowing about notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
  - The service sought feedback from staff and patients.
  - There was a focus on continuous learning and improvement at all levels.
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# ToHealth Limited

## Detailed findings

### Background to this inspection

#### Background

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.

ToHealth Limited also known as Waterloo Health Clinic is an independent provider of medical services. The service provides a limited private GP service including travel immunisation and health screening services; the majority of the service provided is occupational health procedures which are not regulated by the CQC. Therefore at ToHealth Limited, we were only able to inspect the services which were subject to regulation. ToHealth Limited is located at 41 York Road London SE1 7NJ the premise is located on the ground floor. The property is leased by the provider, the provider occupies four consulting rooms and patient reception area and two toilets, an accessible toilet is available in the building next door to the service where they lease the premises.

ToHealth Limited provides private GP services, travel vaccinations, immunisations and occupational health services to any fee paying patient. The service is available to both children and adults, however since starting the business the service has only engaged with adults.

Patients using the service book an appointment in advance. On attending patients are given a registration form to complete, they will then be seen by a registered nurse or a GP. All clinical staff are registered with professional bodies.

The service is operated by two part time GPs, a nurse, two reception staff, a HR manager, and a head of clinical operations.

The service has a registered manager, 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.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening and treatment of disease, disorder or injury.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which were very positive about the standard of care received.

Services are available by appointment only, opening hours are:

Monday to Friday 9am to 5pm.

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.

### Safety systems and processes

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

- The service had not conducted a health and safety risk assessments on the day of the inspection; however, we saw evidence this had been booked before the inspection to be undertaken shortly after the inspection. The service had policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse, policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- Most staff had received training on safeguarding children and vulnerable adults relevant to their role. We checked four files and identified one clinical staff member had not undertaken adult safeguarding training. After the inspection we were told this member of staff no longer worked for the service. The service had a lead GP who was trained to child safeguarding level three, the nurse and service manager were also trained to level three.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (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).
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice carried out staff checks, including checks of professional registration where relevant. All the clinical staff had undertaken professional revalidation as required.
- There was a system to manage infection prevention and control, on the day of the inspection, an infection control audit had not been undertaken, however shortly after the inspection the service provided evidence to demonstrate an infection control audit had been undertaken.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

The service had adequate arrangements to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Clinicians knew how to identify and recognise those in need of urgent medical attention and manage patients with severe infections, including sepsis.
- Most staff had received annual basic life support training, out of four files checked two clinical staff had not undertaken basic life support training; we saw evidence that these staff members had been booked to attend training prior to the inspection, however the training had been postponed as it coincided with the day of the inspection. There were emergency medicines available and staff knew where they were located. The service did not have all the standard emergency medicines found in a GP practice, however the service had conducted a risk assessment for not having these.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book.
- All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage, however it did not include utility contact details.
- A medical indemnity policy was in place for all clinical staff.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Patient records were stored securely on the service computer, which was backed up.

# Are services safe?

- On the day of the inspection the service had not undertaken portable appliance testing (PAT), however we saw evidence on the day that this had been booked to be undertaken shortly after the inspection.
- The service had not conducted a legionella risk assessment; however, we saw evidence on the day this had been booked to be undertaken prior to the inspection. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The service had not undertaken an infection control audit, however shortly after the inspection we saw an audit had been undertaken.

## Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Individual care records were written and managed in a way that kept patients safe.
- The service kept the patients' GPs informed about their treatment if required. The service would ask patients to provide their vaccine history, if patients were unable to provide this they would treat patients as providing incomplete vaccination history.
- Patients provided personal details at the time of registration including their name, address and date of birth. Staff checked patient identity by the information supplied on the registration form, this information was verified by the service requesting photographic identity.
- The service had not seen any children since it started operating, however they had processes in place for checking an adult accompanying a child patient had the authority to do so, they would ask the adult to demonstrate their relationship to the child and request the child's passport or birth certificate with photo identity.
- Referral letters would include all the necessary information; however, these were rarely done and generally patients would be referred back to their GP.

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- All clinical staff were aware of safety and medicine alerts.
- Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the service to allow the nurse to administer medicines in line with legislation.

## Track record on safety

The service had a good safety record.

- The service had not undertaken risk assessments in relation to safety issues at the time of the inspection, such as a fire, health and safety, infection control and Legionella, however we saw evidence that prior to the inspection these had all been scheduled to be undertaken.
- There was a system for reporting and recording significant events. There had been one significant event over the last year.
- The service carried out regular fire drills.

## Lessons learned and improvements made

The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

- 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 practice. For example, there had been a data breach incident where patients' details had been attached to an email and forwarded on to a client. The service wrote to all affected patients to inform them of the incident and apologised. The service informed their notifiable body, NHS Digital (Data Security and Protection Toolkit) who advised that the Information

## Are services safe?

Communication Office (ICO) did not need to be informed on this occasion. As a result of this incident the service reviewed its processes to ensure another staff member checks information prior to it being sent.

- The service kept written records of verbal interactions as well as written correspondence.



# 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.

### Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the Public Health England and the National Institute for Health and Care Excellence. The service also referred to NaTHNaC, (National Travel Health Network & Centre) a UK government organisation which produces travel health guidance for healthcare professionals and TRAVAX (an interactive website providing up to the minute travel health information for health care professionals) for travel vaccination guidance.

- Patients were required to complete a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

There was no evidence of quality improvement activity including clinical audit:

- The service had not undertaken any audits. On the day of inspection the service showed us a schedule of audits which they would undertake following the inspection.

### Effective staffing

- Most staff had received training that included: safeguarding adults and children, fire safety awareness, basic life support, mental capacity act training and information governance. For the staff that were not up

to date, the service provided evidence to show that staff had been booked onto training courses and would be compliant two weeks after the inspection. The service provided evidence to show staff had completed the training.

- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews.
- Staff had been scheduled to receive appraisals once they had been working for the service for 12 months.

### Coordinating patient care and information sharing

- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was shared with other services and patients received copies of referral letters.
- Referral letters contained the necessary information.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

### Consent to care and treatment

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

- All patients and patients' parents/guardians provided consent as in the provider's policy.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff demonstrated they understood and would carry out assessments of capacity to consent in line with relevant guidance, including for children and young people.

# 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.
- The service gave patients timely support and information.
- All of the seven patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

### **Involvement in decisions about care and treatment**

The service had facilities in place to assist patients with specific needs to be involved in decisions about their care.

- The service's website provided patients with information about the range of treatments available including costs.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patient records were stored securely on the service computer.

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

- The facilities and premises were appropriate for the services delivered.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.
- The service had access to translation services if required.
- All patients attending the service referred themselves for treatment. There were processes in place to refer patients for onward treatment or to NHS GP services where required.

- Information about how to make a complaint was displayed in the reception area.

### Timely access to the service

The service was open Monday to Friday between 9am and 5pm. Services were not provided outside of these times. The service did not offer out of hours care.

### Listening and learning from concerns and complaints

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

- There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how a complaint would be dealt with and the processes that were in place for learning from complaints.

# 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 providing well-led care in accordance with the relevant regulations

### Leadership capacity and capability;

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- The service planned its services to meet the needs of service users.
- The service had a vision to provide quality treatment and care for its patients.

### Culture

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

- The service focused on the needs of patients.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a culture of openness and honesty.
- Staff felt respected, supported and valued. They were proud to work in the service.

### Governance arrangements

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

- Service leaders had established clear policies, procedures and activities to ensure safety.
- 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 including in respect of safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence of a standing agenda for team meetings where all staff were involved in discussions this allowed for lessons to be learned and shared following significant events and complaints.

### Managing risks, issues and performance

There were processes for managing risks however some had not been fully implemented at the time of the inspection, however after the inspection we saw evidence that processes were fully in place.

- There was an effective process to identify, understand, monitor and address risks including risks to patient safety.
- There were regular tests of the fire safety equipment and regular fire drills.

### Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history.
- Patients' GPs were informed of treatment where required.
- The service used patient satisfaction information which was monitored and discussed to ensure that patients were happy with the service being provided.
- 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 involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. For example, the service received feedback from patients regarding appointment scheduling consequently the service reviewed their system. The service updated their

# Are services well-led?

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

website and briefed staff on how to provide and signpost further information. There were seven CQC patient comment cards. All the cards included positive feedback.

## **Continuous improvement and innovation**

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

- There were plans to recruit a GP and an occupational health nurse.