

The Health Doctors Ltd

# The Health Doctors Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 5 December 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 Health Doctors Ltd is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and Screening Procedures. The address of the registered provider is The Health Doctors Ltd , 4 Harley Street, London, W1G 9PB. <https://www.thehealthdoctors.co.uk/>.

The provider 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received at the service.

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

- The provider did not have some medicines recommended for treating medical emergencies in primary care. However, the medicines were obtained shortly after our inspection.
- The service had carried out regular quality improvement activity to improve patient outcomes.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Not all staff had received up to date safeguarding children level one or basic life support training. However, we saw evidence that this was rectified within a week of the inspection.
- The service had systems to manage risk so that safety incidents were less likely to happen.
- Consider broadening the scope of quality improvement activity and developing a system for checking whether improvements have been embedded, to further safeguard high quality clinical care.
- Regularly review and risk assess the decision to stock emergency medicines.
- Consider reviewing their arrangements to check the identification and age of patients that attended the service.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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

# The Health Doctors Ltd

## Detailed findings

### Background to this inspection

The Health Doctors Ltd began operating in 2003 offering medical care combined with complementary therapy treatments. The services provided include treatment for: weight loss, skin disorders, stress, nutrition, vitamin infusion bio-identical hormones and health check tests. Services are offered to both adults and children.

At The Health Doctors Limited the non-medical treatments provided, such as nutritional advice and nutritional infusion are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

Clinical services are provided by the part-time lead GP (female) and part-time nurse (female). Administrative duties are carried out by a full-time personal assistant (female). As part of The Health Doctors Ltd's treatment offer they provide the services of a self-employed part-time nutritionist. The service operates between Monday to Friday; 9am to 5:30pm. On average the service sees 25 patients per week.

We carried out an announced comprehensive inspection at The Health Doctors Ltd on 5 December 2018. Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Before the inspection, at our request, the provider sent us information regarding the service and we reviewed information we held.

During our visit we:

- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with the provider of the service.
- Reviewed a sample of the treatment records of patients.

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 people safe and safeguarded from abuse. However, there was an area that required consideration.

- The provider did not have a system in place to check the identification and age of patients that attended the service.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- Staff had the necessary information to support them 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. (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 DBS check.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment was carried out by the premises landlord.
- The provider 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. However, the provider had not demonstrated consideration of all risks.

- The service did not stock four of the recommended medicines for treating medical emergencies: hypoglycemia; asthma; suspected bacterial meningitis and chest pain of possible cardiac origin. We raised this with the provider and were forwarded evidence that the provider had purchased all the required medicines, within a week of the inspection.
- Resuscitation equipment and emergency medicines were readily available and clinical staff were suitably trained in emergency procedures.
- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.
- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The provider knew how to identify and manage patients with severe infections including sepsis.
- Staff had access to information relating to the steps the business will take in any particular scenario. This included emergency contact numbers.

### Information to deliver safe care and treatment

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

- Patient records were maintained electronically and on paper. Electronic files were password protected. The computer server was located at the service; information was backed-up on an external cloud operating system. Paper files were kept in a locked cupboard, within a locked treatment room.
- The patient records we viewed showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.
- There was an appropriate system for the management of test results.
- All patients were required to complete a comprehensive registration form prior to their first appointment. This

# Are services safe?

included the patient's personal details, past medical history, GP details and a signature. Evidence was provided of circumstances when the provider had contacted a patient's GP.

## 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 and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines; however, these checks were not explicit as the checklist did not outline which emergency drugs were being checked. We communicated this to the provider. After the inspection the provider forwarded a newly created detailed checklist that they intended to start using for medicines stocks checks.

## Track record on safety

The service had a good safety record.

- 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.

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

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned lessons and took action to improve service delivery. For example, as a result of patient feedback regarding a late running appointment, the provider carried out a time-keeping audit to determine the severity of the issue with a view to make changes if necessary.
- 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 provider had arrangements in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA).

# 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 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' needs were fully assessed. During registration, patients were asked to complete a detailed health questionnaire which included past medical history and family history.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff assessed and managed patients' pain where appropriate.
- The service provided an 'out of hours' telephone service to respond to patients' concerns out of hours. In addition, the provider informed us that patients were provided with their telephone number and were able to access them outside of working hours.

### Monitoring care and treatment

The service was involved in quality improvement activity, however; there were areas where improvements should be made. The service was involved in quality improvement activity. However they were not yet able to demonstrate improvements made over time. For example:

- The provider had evidence of some quality improvement activity. However, it was noted that they had not carried out improvement activity that demonstrated improvements had been embedded. For example, in 2016 the provider carried out an audit to determine the number of patients who had parasites and whether they had follow-up treatment. The results noted, as part of quality improvement, that the provider should be more diligent in getting follow-up sample results. This audit was not repeated to ascertain whether the improvement activity had been achieved. In

addition, the provider had not carried out quality improvement activity to cover the full range of services provided. Such as, a review of the effectiveness of prescribed medicines.

- The service used information about care and treatment and patient feedback to improve the quality of the service; there was clear evidence of action to resolve concerns.

### Effective staffing

The provider had assured themselves that all staff were appropriately trained.

- All staff were appropriately qualified and relevant professionals (medical and nursing) were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with revalidation.
- Staff whose role included immunisation had received specific training.
- We found that a non-clinical member of staff was not received training in safeguarding children level one, basic life support or information governance. After the inspection, we were provided evidence that showed that the member of staff had completed all the training.

### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

# Are services effective?

(for example, treatment is effective)

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 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.
- 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.
- Clinicians had Mental Capacity Act 2005 training; the provider demonstrated a good understanding of how to support patients with mental health needs.

The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- The provider 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.

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Patients were involved in decisions about their care and treatment.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- Doors were closed during consultations and conversations with doctors could not be overheard by patients in the waiting room.



# 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 legislation.

### 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 service's website contained a range of patient information and answers to frequently asked questions. For example, information what to expect during the first and second consultation, the importance of attending follow-up appointments (particularly when tests had been carried out) and links to alternative treatment services.
- Telephone consultations were offered to the services' patients, where the clinician had received a direct referral including patient notes prior to the appointment.
- The provider understood the needs of their patients and improved services in response to those needs. For example, in response to patient feedback the provider contracted an external telephone provider to receive calls out of hours and when the receptionist was on leave. Part of the service provision included forwarding patients to relevant emergency services if required.
- 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### 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.

- 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 had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. The service had received one formal complaint within the last 12 months.

# 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 a well-led service in accordance with the relevant regulations.

### Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 centre had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### Culture

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

- The provider had systems in place to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. We reviewed the services' response to a complaint received by a patient and found that it was managed appropriately.
- 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, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

- The provider attended a trimonthly peer group meeting at the Royal Society of Medicine to share lessons learned and improve quality of care and safety.

### 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

- There were processes for managing risks, issues and performance. However, the provider had not considered all risk implications.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had systems in place to respond to major incidents. However arrangements for dealing with medical emergencies did not fully follow guidelines.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in meetings where relevant staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

# Are services well-led?

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

- 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 in the development of quality sustainable services.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to inform the development of services.
- 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.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider demonstrated a strong willingness to implement changes to improve service delivery and provide quality care to patients.