

Effect Doctors

Inspection report

61-63
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Effect Doctors as part of our inspection programme. This was the first inspection of this service after the provider had registered with the CQC in March 2020.

Effect Doctors provide private diagnostic blood testing for patients which are sent to a GP for review and a report is subsequently generated and sent to the patient with the options of follow up from either their NHS GP and/or a private GP appointment; intravenous vitamin infusions, and vitamin injections.

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 exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effect Doctors provides a range of non-surgical cosmetic interventions, for example, anti-wrinkle and facial filler treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. In addition, during the pandemic, the service had been providing COVID 19 self-testing kits for patients which we did not inspect or report on.

The Chief Medical Officer 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.

We reviewed feedback the service received from six patients. All patients rated the service as 'Excellent' with five out of five stars.

Our key findings were:

The service had not been previously inspected as having been registered March 2020. Despite the reduced regulated activity as a result of the pandemic, we found the following areas of good practice:

- The service had enough clinical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the treatment room clean.
- Systems for the management of stock of intravenous infusions, vitamin injections and emergency medicines, were operating effectively.

Overall summary

- Staff we spoke with told us how they would care for a patient in a respectful and kind manner.
- The service involved patients in decisions about their care and treatment and took into account their individual needs.
- The service encouraged feedback from patients. Staff encouraged patients to leave an online review or complete a handwritten survey and these were used to monitor performance.
- The service had ensured staff had appropriate inductions and training to cover the scope of their work.
- Staff stated they worked well together as a team.

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

- Review the intercollegiate guidance for safeguarding to assure all staff are appropriately trained according to their role in the service.
- Consistently incorporate the 'QRISK' (an algorithm which calculates a person's risk of developing a heart attack or stroke over the next 10 years) as part of the consultation process for patients.
- Consider incorporating mental health questions into the consultation process for patients.
- Develop a policy to support the service's clinical decision to not provide iron intravenous infusions for patients who decline to share information with their GP.
- Provide information for patients on the service website about how to raise concerns or make a complaint.
- Formalise arrangements for the handling of patient information in the event of the service ceasing to trade.
- Formalise a business strategy and develop supporting business plans to achieve service priorities.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC Specialist Advisor.

Background to Effect Doctors

Effect Doctors is an independent provider of intravenous infusion and vitamin injections, and diagnostic blood tests. The service treats adults over the age of 18.

Effect Doctors rent treatment rooms based at:

Chelsea Pharmacy Medical Clinic

61-63 Sloane Avenue

Chelsea

SW3 3DH

Effect Doctors also offer their service off-site at a patient's home, hotel or office and at 'pop up' clinics around the country.

Information about the service can be found at: www.effectdoctors.com

Effect Doctors was founded by a group of NHS Anaesthetic Doctors who are familiar with intravenous fluid and drug administration. All treatments were exclusively doctor-delivered. The team of doctors also includes GPs, functional medicine doctors, emergency medicine doctors and intensive care doctors.

Effect Doctors is registered with the Care Quality Commission to provide the regulated activities treatment of disease, disorder or injury and diagnostic and screening. The service also offers the following which are not covered under the scope of our registration and as such were not inspected or reported on:

- Botox injectables
- Cosmetic fillers

The registered manager is a doctor and the Chief Medical Officer of the organisation. 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.

The service working hours are 10:00am to 18:30pm Monday to Sunday however patients could email the service 24 hours a day and out of hours appointments could be made by arrangement.

There are four staff associated with the delivery of the regulated activities: two doctors, a business manager and a technical designer. The doctors hold the positions of Director and Chief Medical Officer. The Chief Medical Officer and registered manager is currently providing the patient-facing treatment element of the service.

The provider also employs a doctor who is the Aesthetic Lead and oversees the delivery of the aesthetic treatments which are out of scope of the CQC registration.

How we inspected this service

Prior to our inspection, a 'Provider Information Return' was received from the service and reviewed. We collated client feedback received by the service, interviewed staff and reviewed documentation.

During our visit we:

- Spoke with one doctor who was the Chief Medical Officer and the registered manager for the service.
- Received written interview responses from a non-clinical staff member of the service.
- Looked at the systems in place for the running of the service.

- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Viewed five patient records.
- Made observations of the environment specifically the reception area and the office and stock room.

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?

We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The service had a number of systems to keep patients safe and safeguarded from abuse. 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. Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. Although the service was only offered to patients over the age of 18, staff were trained in both adult and child safeguarding. The business manager was trained to child protection level 1 and the doctors were trained to level 2.
- 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).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There was an effective system to manage infection prevention and control and actions to improve infection control had been undertaken such as infection control training for staff. There were systems for safely managing healthcare waste including sharps. Sterile single use medical equipment was used.
- The service had a lone worker policy in place which identified the risks faced by lone working staff and the responsibilities of both the provider and staff in ensuring that lone workers can work safely.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- 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 suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place which provided cover for all treatments provided by the service including those outside of CQC scope of registration.
- All patients receiving at face to face appointment were required to undertake a COVID 19 screening questionnaire prior to their appointment.
- Doctors wore industry standard personal protective equipment (PPE) which included a face mask and gloves. Doctors maintained two metres except for the short period of time in which it is required to approach patients for treatment.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were generated using the 'Heydoc' clinical system and were 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.
- Diagnostic blood test results and an accompanying report were sent via an encrypted message to patients. A follow up call with the GP and/or a doctor was then held, and a private GP appointment was arranged if required.
- All patients were required to provide photographic identification as part of the consultation process prior to receiving any treatments.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service always requested the GP details from patients however we were informed that no patients to date had consented to providing these details. The Chief Medical Officer explained that many patients were non-UK residents and therefore did not have a UK GP, however, patients were provided with information about their treatment and were encouraged to share this information with their healthcare practitioner abroad.
- We discussed the consultation process with the Chief Medical Officer and identified that there was no calculation of cardiac risk, for example, the 'QRISK' (an algorithm which calculates a person's risk of developing a heart attack or stroke over the next 10 years) as part of a health review including diagnostic testing.

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 kept intravenous infusions and injectables; and emergency medicines securely and monitored their use.
- The service does not prescribe any class of controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they 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. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The intravenous infusions contained different combinations of UK sourced amino acids, vitamins, electrolytes and medications from MHRA approved suppliers.
- Prior to receiving an intravenous infusion, the doctor reviewed the patient's past medical history, allergies and took some observations. After commencing the intravenous infusion, the doctor remained with and monitored the patient for the duration of the treatment taking frequent observations.

Track record on safety and incidents

The service had a good safety record.

- The service had evidence of risk assessments for health and safety, infection control, legionella and fire which had been undertaken and organised by the premise owner.
- The service ensured risks relating to the storage of medicines were clearly managed.
- The service undertook risk assessments for each patient booking where the patient had requested to receive treatment at their home, hotel or office.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system and policy in place for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses however, since their registration with the CQC staff told us the service had not encountered any significant events.
- The provider was aware of the requirements of the Duty of Candour.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, the service had complied with the NHS England guidelines for COVID 19.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

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)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients having a blood test screening treatment have a consultation with a doctor which includes taking a medical history and exploration of what the patient would like to investigate.
- The service offers a range of intravenous drips and intramuscular booster injections for which all protocols had been ratified with an MHRA registered pharmacy. Medicines were obtained from UK, MHRA approved suppliers.
- Staff explained they offered water soluble vitamins and amino acids as intravenous infusions and therefore there was minimal risk of toxicity or overdose as per current medical literature.
- Clinicians had enough information to make or confirm a diagnosis of vitamin deficiencies from the diagnostic blood test results and patient consultations. The service offers a range of screening blood profiles which are organised with a local, UKAS accredited, private laboratory capable of handling a range of diagnostic tests.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service employed a GP to oversee the pathology results of patients' blood tests.

Monitoring care and treatment

There was limited quality improvement activity.

- The service registered with the CQC in March 2020 and as a result of the pandemic had undertaken minimum regulated activities. As a result, there was limited quality improvement activity. However, the service had improved quality for patients by changing its clinical system to a more efficient software; and audits of medicines stocks were undertaken to coincide with the fluctuating appointment demand.
- The service held regular meetings and despite the reduced regulated activities, discussions were held about future business plans to expand and improve the service for patients such as offering travel vaccinations when travel restrictions are lifted.

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 were registered with the General Medical Council (GMC) were up to date with revalidation.
- Up to date records of training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included providing intravenous infusions for clients had received specific cannulation training.
- The service had a service level agreement with a locally based GP to provide a private GP service for patients as required. At the time of our inspection, no patients had accessed this service.

Are services effective?

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.
- 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.
- 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. At the time of our inspection no patients had consented to sharing their information with their GP however we were provided with evidence of the GP letter template which would be used by the service if a patient consented.
- We discussed the provision of targeted iron intravenous infusions and the risks of providing this treatment without consent from the patient to share information with their GP and the Chief Medical Officer confirmed that in these circumstances, the service would decline to offer the treatment. However, the service had not completed a formal risk assessment for this issue or incorporated this clinical decision into a service policy for staff.

Supporting patients to live healthier lives

Staff empowered patients and supported them to manage their own health.

- 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. For example, if low vitamin B12 levels were identified as part of a patient's diagnostic blood test, patients were encouraged to access care and treatment from their GP or healthcare provider.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.
- The service website included a 'Blog' provided patients with health information such as sources of vitamin B12 and vitamin D, symptoms of low vitamin D, health benefits of vitamin D, antioxidant information and a 'Lockdown Survival' guide.

Consent to care and treatment

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

- Patients were required to give both verbal and written consent prior to treatment which included ensuring patient understanding of the potential risks of treatment and also the limitations of the treatment.
- The service website included a 'Terms and Conditions' section for patients.
- 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, however the service did not routinely ask patients any mental health questions as part of the consultation process.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

During our inspection we were unable to observe any clinical patient interactions or speak with any patients as there were no patient bookings on the day of our visit, however we were able to review online and written feedback from patients which was entirely positive about the service, staff and the treatment they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the customer service patients received as well as the quality of the clinical care.
- Feedback from patients was positive about the way staff treat people. Patients described staff as professional and friendly.
- The service gave patients timely support and information. There was a 'Frequently Asked Questions' section on the service website for patients to access and we saw evidence of aftercare information which was given to patients following an intravenous infusion or injection treatment. Patients could also telephone the service between 10:00am and 18:30pm Monday to Sunday and email the service at any time.

Involvement in decisions about care and treatment

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

- Patients told us through feedback received from the service 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.
- The service website included a 'Frequently Asked Questions' section which included specific information about the intravenous infusion treatment such as what the benefits are, does the treatment hurt, how to prepare for the treatment and side effects.
- We saw evidence of a supplementary aftercare information document which was given to patients following an intravenous infusion or injection treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's privacy, dignity and respect.
- The clinic environment ensured privacy as only one patient was booked for a treatment at a time and clinicians remained in the room with the patient for the duration of their intravenous infusion.
- Patients were able to restrict the collection and use of their personal information by making use of the website 'opt-out' box which indicated that their information could not be used for any marketing purposes.

Are services responsive to people's needs?

We rated responsive as Good because:

The service adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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 facilities and premises were appropriate for the services delivered.
- The provider understood the needs of their patients and improved services in response to those needs. For example, the service could be provided in the patient's own home, hotel room or office if this was preferred.
- At-home appointments were also available for patients living outside of Zones 1 and 2 for an additional surcharge based on travel time and distance. Out of hours appointments from 18:30 were also available for an additional surcharge.
- The service offers a choice of 13 different intravenous infusions for patients to choose from and three vitamin injections.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service working hours are 10:00am to 18:30pm Monday to Sunday however patients could email the service 24 hours a day.
- The service operated a 48-hour cancellation policy.
- Patients had timely access to initial consultation, test results, diagnosis and treatment. The service aimed to get blood diagnostic test results to patients within three working days.
- Patients reported that they received a fast and easy service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously

- The service had a complaint policy and procedure in place however, information about how to make a complaint or raise concerns was not available on the service website.
- Staff informed us they had received no complaints since the service had registered with the CQC in March 2020, however if a complaint was received, patients would be treated respectfully and the issue would be escalated to management to identify a resolution for the patient.

Are services well-led?

We rated well-led as Good because:

The way the service was led and managed promoted the delivery of high-quality, person-centre care.

Leadership capacity and capability;

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

- Leaders were visible and approachable, and they worked closely as a team to deliver the service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service and the expansion of the clinical team.

Vision and strategy

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

- The provider had a clear desire to practice evidence-based medicine.
- Staff told us it was the company's mission to be a well led private medical service promoting safe and effective care and services to their patients and they aimed to treat all patients and staff with respect, dignity and equality.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The service however did not have a formalised strategy in place a supporting business plans to achieve priorities.

Culture

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

- Staff felt the service was run professionally and their equality and diversity policy was followed.
- There were positive relationships between staff
- The service focused on the needs of patients and staff reported they had been dynamic and modified the business due to the COVID 19 pandemic accordingly.
- 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 goals and personal development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. The business manager was aware of the details of patient bookings and the service had pre-arranged a code phrase for clinicians to use if there were any safety concerns and the business manager would be alerted to contact the police.

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 in place.
- Staff were clear on their roles and accountabilities.

Are services well-led?

- Leaders had established policies and procedures to govern activity which were available to staff on the online cloud-based drive.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had adapted and developed the services they offered patients in response to the COVID 19 pandemic.
- The service had in place a clinical governance committee which met regularly, and the minutes of these meetings were circulated to staff.
- The Chief Medical Officer informed us that peer review of consultations had been planned in order monitor performance. There had been no incidents or complaints since the provider's registration.
- Due to the limited number of regulated activities undertaken since registration as a result of the pandemic, there had been no clinical audits undertaken to improve quality.
- The provider had a business continuity plan in place and had prepared staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient feedback information was used to monitor performance and the delivery of the quality care.
- Regular staff meetings were held, and staff had sufficient access to service information.
- The service adhered to the Data Protection Act 1998 and General Data Protection Regulations in relation to patient information.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the provider had not made any formal arrangements for patient identifiable information if they ceased trading.

Engagement with patients, the public, staff and external partners

The service involved their clients to support high-quality sustainable services.

- The service encouraged and heard views from patients and staff and acted on them to shape the service. For example, one of the doctors had suggested the use of 'Expensify' which is an online application to make the expenses process easier for staff and this was being implemented.
- Staff could describe to us the systems in place to give feedback. Patients were encouraged to provide verbal, written and online feedback.

Continuous improvement and innovation

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

- The service was committed to improving services however, the service was registered with the CQC in March 2020 and was relatively new as well as being significantly impacted by the pandemic resulting in a limited number of consultations and procedures so far.

Are services well-led?

- There had been no significant events or complaints since registration with the CQC and therefore there were no examples to demonstrate learning to make improvements to the service.
- The Chief Medical Officer did inform us however, of future for the service to develop and offer targeted intravenous infusion treatments for patients.