

# Ivy Health Head Office

## Inspection report

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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 Ivy Health Head Office as part of our inspection programme of independent health providers. The service usually provides online and in-person General Practice (GP) consultations for adults and children over 5 years of age; but had paused in person consultations at the time of our inspection to review its arrangements after the Covid-19 pandemic.

## Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

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

- Continue to review and improve systems and processes to assess, monitor and improve the quality and safety of the services, and mitigate risks.
- Sustain safe and effective operations in line with the strategy for upscaling operations and returning to in person appointments; including premises, emergency medicines and equipment, chaperoning, and items in the doctor's bag.
- Improve arrangements to formalise record keeping, such as communications with a patients' own GP.

**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 and included a CQC GP specialist adviser.

## Background to Ivy Health Head Office

Ivy Health Head Office provides private GP services online to adults and children over 5 years of age. The service is reviewing its arrangements to return to also offering in-person appointments, as soon as possible. The service has been operating since October 2020 but drastically scaled down operations due to the Lead GP dedicating all their resource to assist NHS services during the Covid-19 pandemic. The service had provided consultation and treatment services to a total of 13 patients by the time of our inspection.

Ivy Health Head Office aims to provide evidence-based proactive and holistic General Practice (GP) consultations and treatment for its patients. The staff are one-part time lead doctor who is the nominated individual of the service, and one service manager that is the registered manager of the service. 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 provider is now aiming return to business as usual and scaling up operations including to seek input from an additional clinician.

The address of the registered provider is Ivy Health Ltd, 71-75 Shelton Street, Covent Garden London, WC2H 9JQ. Ivy Health Ltd is registered with the Care Quality Commission to provide the regulated activity: Treatment of disease, disorder or injury. Regulated activities that are provided online and the registered location is Flat 23, Corrigan Court, Granville Gardens, London, W5 3PA. The provider rents rooms for in person consultations as needed at Charterhouse Clinic, 98 Crawford Street, Marylebone. London W1H 2HL. At the time of our inspection the provider had paused in person consultations and was offering online consultations only whilst it reviewed plans and arrangements, including premises ahead of resuming in-person consultations. The service is open for appointments-based consultations online weekdays 6pm to 9pm and Saturday and Sunday 9am to 6pm; in-person appointments are planned to resume on Tuesdays from 9am to 6pm.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A limited site visit (the premises are not currently in use; online consultations only are offered at the time of our inspection).

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**

## **Safety systems and processes**

**The service had systems to keep people safe and safeguarded from abuse. The provider was reviewing systems for safe premises and equipment, prior to resuming in person appointments.**

- The provider conducted safety risk assessments; such as a fire safety risk assessment undertaken in November 2021 and a legionella risk assessment (for water safety) undertaken in 2019. It had appropriate safety policies and procedures such as a fire procedure and procedures for reporting accidents and incidents, which were reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse. There were systems on the providers IT system to alert staff to vulnerable patients and we saw this had been used.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had arrangements in place to work with other agencies to support patients and protect them from neglect and abuse. There were no safeguarding cases the provider had needed to act on, and it had only seen 13 patients since it registered in 2020 due to the sole and Lead GP dedicating their time to NHS service delivery during the Covid-19 pandemic.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There were no chaperones because the service was solely providing online consultations and there were no in person or intimate examinations taking place. However, staff were aware of the need for chaperones and had implemented relevant systems of training and DBS checks for chaperones.
- The provider had suspended in person consultations and was refreshing its infection control audits and policies, including to consider Covid-19 ahead of resuming its offer of in-person appointments. We saw that some infection control arrangements were in place and others needed further work/ consideration. For example, there was sanitising hand gel and handwashing guidance, as well as evidence of regular clinical waste collection; but cleaning of the privacy screen and labelling of sharps bins had lapsed. There was no risk to patients because no patients were being seen in person.
- The provider was in the process of checking facilities and equipment to ensure they were safe, and that equipment was maintained according to manufacturers' instructions.

## **Risks to patients**

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

- The provider was about to scale up operations as the sole and lead GP was able to resume offering time to the business. The provider was deciding the mix of staff needed in line with its scale up strategy. In the meantime, there were adequate systems to allow the GP to undertake remote consultations in line with its strategy and opening times.
- There was an induction system for new staff that was 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.
- The service was in the process of ensuring suitable medicines and equipment to deal with medical emergencies including appropriate storage and regular checks, prior to resuming in person appointments.

# Are services safe?

## 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. However, an entry was not always made in the patient record when information had been shared such as with the patient's own GP.
- 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.

## Safe and appropriate use of medicines

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

- The service kept prescription stationery securely and monitored its use.
- The service did not offer immunisations and there were no vaccines, controlled drugs, or emergency medicines or equipment on site at the time of our inspection.
- The service planned to carry out regular completed cycle medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing but had not done so at the time of our inspection due to insufficient volumes of patients to audit on. However, single cycle auditing had occurred in preparation for re-auditing and patient records we checked indicated that prescribing was appropriate.
- The service did not prescribe Schedule 2 and 3 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.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons. Staff identified root causes of significant events and took action to improve safety in the service. For example, after a patient received an appointment without explaining the reason for their appointment request, and in

# Are services safe?

retrospect the service learned it would have been helpful to understand further detail prior to the appointment taking place. Staff met to discuss the issue and changed the appointment protocol to include contacting the GP where the patient gave no indication for the basis of appointment, to allow clinical consideration at the earliest stage. There was no evidence of patient harm.

- There were no unintended or unexpected safety incidents, but the provider was aware of and had systems to comply with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including external safety events as well as patient and medicine safety alerts.

# Are services effective?

**We rated effective as Good.**

## **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 such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, by using “Centor” best practice criteria for antimicrobial prescribing.
- 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.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity such as clinical audit.**

- The service used information about care to monitor treatment. We saw three single cycle audits that were undertaken and appropriate. Further auditing was planned in anticipation of more available data as the number of patients increase. Audit examples so far included to ensure appropriate standards for a) prescribing, b) triage and safety netting, and c) patient records documentation.

## **Effective staffing**

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

- All staff were appropriately qualified. The Lead GP was registered with the General Medical Council (GMC) and 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 and staff were encouraged and given opportunities to develop.

## **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. For example, clinical staff made referrals to secondary care and for blood tests that were followed through.
- 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. 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.

# Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the service had treated a person with vulnerabilities and although there were no safeguarding issues, the service had referred the patient via NHS 111 services in line with urgency and risk.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## **Supporting patients to live healthier lives**

**Staff were consistent and proactive in empowering patients. Staff supported patients to manage their own health and maximise their independence.**

- 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, the pre-consultation template included questions around alcohol, exercise, and smoking for the Lead GP to act and advise on during the consultation.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

**The service had systems to obtain 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.
- Systems were in place to allow staff to support patients to make decisions, and to assess and record a patient's mental capacity to make a decision.
- At the time of our inspection there were no procedures undertaken that would require written consent and there were no in person consultations such as intimate examinations taking place.



# Are services caring?

**We rated caring as Good.**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback annually on the quality of care patients received. Four patients had provided survey feedback that was very positive about the way staff treat people, and patients said they were extremely likely to recommend the service.
- Staff understood patients' personal, cultural, social and religious needs and displayed an understanding and non-judgmental attitude to 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. Staff spoke languages such as French, Arabic and basic Russian.
- There were no patients with learning disabilities or complex social needs, or family carers. However, appropriate arrangements were in place to ensure social workers involvement, should the need arise.

## **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 when they resume operations in person, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good.**

## **Responding to and meeting people's needs**

**The service organised and delivered services in accordance with an appropriate business model considering the scale of its operations, to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their clients and improved services in response to those needs.
- The provider was reviewing facilities and premises arrangements at the time of our inspection, to ensure they were appropriate for the services delivered.
- We saw no examples of patients where reasonable adjustments were needed so that people with specific requirements could access and use services on an equal basis to others. However, the provider was aware of the need to consider this further as it scaled up its business model and in anticipation of increasing numbers of patients, in the longer term.

## **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.
- There was no evidence of patients experiencing extended waiting times, delays or cancellations.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, a patient had been referred to NHS 111 in line with urgency and the Lead GP saw this process through personally. We also saw an example of a referral to a secondary care consultant that was appropriate.

## **Listening and learning from concerns and complaints**

**The service had systems in place to receive and act on complaints and improve the quality of care.**

- The service had not received any complaints but information about how to make a complaint or raise concerns was available.
- The service complaints policy 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 systems to ensure it learned lessons from individual concerns, complaints and from analysis of trends, such as discussion at regular meetings.

# Are services well-led?

**We rated well-led as Good.**

## **Leadership capacity and capability**

**Leaders 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 were visible and approachable. They worked closely together to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the service priority was to recruit additional GP capacity to allow peer review and for business continuity purposes.

## **Vision and strategy**

**The service 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 two staff worked closely together to focus on the needs of patients and felt respected, supported and valued by each other.
- Systems were in place for leaders and managers to act on behaviour and performance inconsistent with the vision and values. However, as there were only two staff, they recognised the need to recruit additional capacity in line with plans in place to expand provision.
- Openness, honesty and transparency were demonstrated when responding to incidents; such as maximising the opportunity, as appropriate, to gather information from a patient during the appointment booking process. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations, and staff received annual appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary.

## **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 promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts and incidents, and systems were in place to ensure oversight of complaints.
- Clinical audit had commenced and there was evidence of plans for future completed cycle auditing to change services to improve quality.
- 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.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

### The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. For example, it had undertaken a patient satisfaction survey and engaged with premises staff in areas such as infection control.
- Staff could describe to us the systems in place to give feedback such as through regular meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

- At the time of our inspection the providers' focus was on building up to full operations in a sustainable and risk managed way, which was appropriate.
- The provider had appropriate processes including for auditing, receiving and acting on patient feedback, and identifying and managing significant events.
- The service made use of internal and external reviews of its operations. We saw that staff were proactive and receptive during the inspection process and used the process to learn and further improve strategy and operational plans.