

# Healthcllc Limited

## Inspection report

Third Floor, Landsdowne House  
57 Berkeley Square  
London  
W1J 6ER  
Tel: 02037134117  
[www.healthcllc.co.uk](http://www.healthcllc.co.uk)

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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.** (Previous inspection September 2018, where the service was not rated but was meeting the standards of care.)

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 Healthcllc Limited, Third Floor, Landsdowne House, 57 Berkeley Square, London, W1J 6ER, to enable the Commission to provide a quality rating for the services provided.

The provider offers four types of service. A concierge/annual membership retainer service, where the patient paid an annual membership fee to register with the service that provided patients with unlimited home visits and a personalised health assessment. A home visit consultations and virtual consultation, where patients access the service on a pay-as-you-go basis. A case management, where the GP will co-ordinate treatment for patients with complex cases and a whole genome sequencing service.

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 which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinical director 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.

The service sought feedback following each consultation. We saw feedback from twenty patients from the previous six months, which were positive and 18 had scored the service 10 out of a maximum of 10, and two stated they were nine. Positive comments made were about the professionalism of the staff, the quality of the service and the convenience and accessibility of the appointments.

## Our key findings were:

- Systems and processes were in place to keep people safe. Staff had undertaken adult and child safeguarding training.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

# Overall summary

- Prior to a face-to-face appointment, the patients received a telephone call to assess their needs both before and after the face-to-face appointments.
- The service obtained consent to care and treatment in line with legislation and guidance.
- The service had an infection control policy and procedures were in place to reduce the risk and spread of infection.
- The service shared relevant information with other services appropriately and in a timely way.
- The provider had system in place for staff who were lone working.

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

- Consider whether the limited emergency medicines carried by the doctor will be sufficient for any unidentified or emerging illness.
- Put in place a fail safe administration system to ensure all high-risk monitoring is carried out.
- Review the systems in place that check patient consultation records contain all the necessary details to make sure they are fully effective.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist adviser.

## Background to Healthclic Limited

HealthClic Limited is an independent GP service and operates from its registered premises at Third Floor, Landsdowne House, 57 Berkeley Square, London, W1J 6ER. The service provides pre-bookable face-to-face private GP appointments for adults and children in their home or hotel. The service does not see any patients at its registered premises.

The provider offers four types of service:

- A home visit consultations and virtual consultation, where patients access the service on a pay-as-you-go basis. At the time of the inspection, they provided consultations for four to five patients a week.
- A concierge/annual membership retainer service, where the patient paid an annual membership fee to register with the service that provided patients with unlimited home visits and an personalised health assessment. At the time of the inspection, approximately 120 patients were registered.
- A case management service, where the GP will co-ordinate care and treatment for patients with complex needs.
- A whole genome sequencing service.

The service is predominantly used by patients in Central London and the London Boroughs of Kensington & Chelsea and Westminster, and the provider will see patients at any location in zones one to three.

The service is available Monday to Sunday 8am to 11pm. Patients requiring advice and support outside of those hours are advised to use the NHS 111 service or, in the case of an emergency, dial 999. This information was outlined on the service website.

The service is run by a chief executive and a clinical director, four GPs (three male and one female) and one administration staff. The service has a contract with a virtual assistance company to provide reception and administration support.

The medical director 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.

### How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection, we spoke with the medical director, and the managing director, and a GP. We also reviewed a wide range of documentary evidence.

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:**

## **Safety systems and processes**

- The staff employed by the service consisted of a chief executive, a clinical director, and three general practitioners and an administrator. We found the provider had 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). In addition, they contracted with an agency to provide virtual reception and administration support. The chief executive explained this was carried out by three allocated staff for whom they had carried out the appropriate checks. The service maintained a record of staff immunisation status in line with current guidance.
- The service had adult and childrens safeguarding policies in place. All staff employed and allocated by the virtual agency had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems in place to assure that an adult requesting an appointment a child had parental authority. The chief executive explained that patients who used the home visiting and virtual consultation service would be asked to provide information in advance of the appointment and pay by credit card. During the face-to-face appointment the GP was responsible for checking the patients and guardian's identity using photo identification. This was then recorded in the patient records. The medical records policy and procedure included this process.
- The service did not use chaperones. Staff explained this when patients first made contact they were made aware that a female GP could be requested.
- The service worked from a service office suite that patients did not visit. All patients were seen in their own premises. The service had a Covid focused infection control risk assessment in place which was last reviewed in June 2022. This included handwashing, the use of personal protective equipment and cleaning equipment. The GPs carried their own personal protective equipment and spillage kits. The service mostly used single use disposable equipment.
- The service had an independent contract in place for the collection of clinical waste, from the GPs private residences or the office,
- The offices were part of a serviced office suite and the provider had oversight of the common areas risk assessments. Such as the fire procedures.
- The service had a lone worker policy in place, and systems and processes to ensure the health, safety and welfare of lone workers undertaking home visits. In addition, the service had a risk assessment in place for GP home visits which was last reviewed in April 2022.
- Each GP had their own equipment and had to confirm they had checked it weekly. The equipment was also checked by the office staff every three months. Examples of what this included were pulse oximeters, blood pressure equipment and spillage kits. We saw evidence that the equipment was calibrated in August 2022.

## **Risks to patients**

- The provider told us they did not provide an emergency service and had a strict criteria of ailments and conditions they would manage in the home-setting. The provider did not provide any immunisations.
- Prior to a visit, the allocated GP called the patient to gain further medical information and to gain assurance that they were able to appropriately respond to the patient needs. Which the provider audited to ensure they were within the expected timescale.
- Administration staff did not complete basic life support training because they did not have face-to-face contact with patients. All clinicians had completed annual basic life support or resuscitation training.
- Clinical staff we spoke with 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.

# Are services safe?

- All GPs had appropriate professional indemnity insurance in place that enabled them to carry out sessions of private practice.
- The provider explained that to provide a personal service there was a maximum of 50 patient members allocated to a GP.
- The provider explained that employed staff were provided with a full induction tailored to their role. In addition, the service carried out an induction for the virtual staff to the specific requirements of the service.

## Information to deliver safe care and treatment

- Patients provided personal details at the time of registration on its membership scheme or on booking for home visiting and virtual consultation services which included their name, address, date of birth and contact telephone number.
- Patient records were stored on an online software computer system.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The provider explained that staff called the patient after the GP consultation to explain who the referral was going to and to take consent to share the referral letter and patient details with the specialist's office. In addition, the patient received a copy of the referral and an email from the provider to confirm when the referral was made and the consultant's office's contact information in this email.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The provider explained that most patients were travelling from abroad and did not have an NHS GP. For all patients who used the home visit service or virtual consultations they would offer a copy of any medical documentation and encourage them to share the information with their medical practitioners. For members or those using case management services, all member patients were provided with a copy of all their medical documentation, and their nominated GP would be actively involved and constantly liaising with their other involved medical practitioners including medical practitioners abroad.
- The provider had a policy in place which provided GPs with information about the options available to them when they referred patients to secondary care or for blood tests.

## Safe and appropriate use of medicines

- The service did not dispense any medicines or hold any controlled drugs.
- The service did not stock vaccines or any medicines requiring refrigeration.
- The service did not have any non-medical prescribers.
- We were told that prescription stationery was in the form of no carbon required (NCR) pads and were numbered, which enabled the service to record and monitor prescription pad allocation to its GPs. A copy of the prescription was scanned onto the patient records.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

# Are services safe?

- The service had a risk assessment in place as they GP did not have access to medical equipment such as oxygen or a defibrillator when they carried out a home visit. The GPs had the medicines to treat allergies, vomiting and sickness and a risk assessment in place to demonstrate why they had chosen not to hold the emergency medicines for suspected bacterial meningitis, bradycardia, chest pain, asthma, opioid overdose or epileptic seizures.
- Membership patients had a twice-yearly review of their prescribed medicines.
- Each membership patient had an allocated GP whose responsibility was to follow up the monitoring of high-risk medication for long-term conditions. At the time of the inspection, the provider stated they did not have any patients who were prescribed high-risk medicines and it was discussed the need for a future administration system to be put in place to fully ensure this was carried out.

## Track record on safety and incidents

- 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 provider had a policy for the management of significant events.
- The provider told us they had not had any significant events in the previous 12 months. However, they were able to demonstrate that an incident had been reviewed and the learning from it cascaded to staff.
- They explained the chief executive would review and investigate non-clinical events and the medical director would investigate clinical events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service reviewed external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. In addition, they discussed how the patient record system would enable them to identify if any patients were prescribed any affected medicines.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

- GPs we spoke with demonstrated they 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).
- The provider captured patient information and consultation outcomes on a bespoke clinical system. We reviewed ten examples of medical records which demonstrated that patients were fully assessed and received care and treatment supported by clear clinical pathways and protocols. However, we noted on two records that further description of patient observations was required to ensure any further clinicians had full details of the previous consultation.
- Patients who were members were allocated a named GP to provide continuity of care.
- Following the patients initial request for an appointment they were offered a pre visit telephone call, where the GP assessed their needs to ensure they had then necessary skills and equipment. Following the face-to-face appointment, they were provided with a copy of the consultation records and any referral letters and received a telephone call follow-up.
- Patients who required case management were provided with a treatment plan and support through the treatment.
- Genome sequencing testing could be carried out by the patient at home, all specimens were sent to an independent pathology laboratory, results were reviewed by the GPs and patients were provided with a report. Referral was made by the GPs for further tests or secondary care. Patients were provided with a fully report that detailed clinical recommendations for preventative medical care based on the patient's whole genome sequencing results.
- The service had systems in place to monitor and follow-up on pathology results.

## **Monitoring care and treatment**

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. For example: -
- The service routinely undertook patient record reviews for all GPs every three months and provided feedback to GPs.
- The service had a system in place to gather feedback from patients on an on-going basis.
- The service carried out an audit of antibiotic prescribing to review whether staff had followed National Institute for Health and Care Excellence (NICE), this found 67% of the patients were given antibiotics as per CENTOR and NICE guidelines. Recommendations were to ensure that staff fully documented their reasoning for prescribing and a reaudit was planned.

## **Effective staffing**

- Relevant professionals (medical) were registered with the General Medical Council (GMC).
- We saw evidence that all GPs engaged by the service held NHS primary care positions and had a current responsible officer (all doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). All doctors were following the required appraisal and revalidation processes and were required to provide evidence to the service of an up-to-date NHS annual appraisal. In addition, the service undertook an annual appraisal of all its GPs.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider ensured the virtual staff had the necessary training for their role.

## **Coordinating patient care and information sharing**



# Are services effective?

- 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.
- The provider explained that most patients were travelling from abroad and did not have an NHS GP. For all patients who used the home visiting or virtual consultation service, the provider offered a copy of any medical documentation and encouraged them to share the information with their medical practitioners. For members or those using case management services, all member patients were provided with a copy of all their medical documentation, and their nominated GP would be actively involved and constantly liaising with their other involved medical practitioners including medical practitioners abroad.
- The provider explained that patients were often referred to independent secondary care providers, when this occurred a letter was sent directly to the secondary care provider and a copy was offered to the patient. In addition, the patients were called to explain who the referral was going to and details of the specialist office.
- The provider explained GPs personally accompanied membership patients when they were booked in for diagnostics/ imaging at private hospitals. Also, they often accompanied them to specialist appointments so that detailed questions could be asked, and the patient's full history could be discussed with context to the specialist.
- The service used a pathology home visit service to take blood samples which were ordered by the visiting GP. If this was not available, or if the tests were urgent, they were carried out by the GP. The results were provided to patients within 24 hours.
- The service used an independent pathology laboratory service to analyse specimens. Results were reviewed by a GP and information provided to the patient.
- We saw evidence that GPs had undertaken Mental Capacity Act (MCA) training.

## Supporting patients to live healthier lives

- 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.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- Patients who had subscribed to the provider's membership scheme received comprehensive health screening dependent upon their individual needs, this included health and lifestyle information and advice, and an explanation of the tests undertaken. Patients were also provided with an annual member check-up report.
- The GPs referred patients to the gynaecologists to carry out cervical screening.

## Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service had a care coordination form, to enable the patient to nominate, legal counsel or housekeepers to manage the arrangements for all of their medical care.

# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

- The service sought feedback on the quality of clinical care patients received. Feedback was sought after each consultation. We saw feedback from twenty patients which was positive. This included comments such as how professional the staff were, the doctor was extremely caring and described it as going above and beyond.
- The service gave patients timely support and information.
- The virtual reception and non-clinical staff had undertaken customer care training and had to follow the client communication guidelines which explained the service was providing a high-quality service and that they should address clients respectfully.

### Involvement in decisions about care and treatment

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- We saw feedback from twenty patients which was positive and stated 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 members received a health check up report which provided them with a summary of their treatment and care and an appointment with a GP for them to discuss the findings.
- The service's website provided patients with information about the services available.

### Privacy and Dignity

- Staff recognised the importance of people's dignity and respect.
- The service had data protection policies and procedures in place and there were systems to ensure that all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence that staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- The service had a system in place to protect patient's privacy where they have had to protect their identities from the media.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

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

- The provider understood the needs of their patients and improved services in response to those needs. In response they offered appointments at the patients convenience between 8am and 11pm seven days a week.
- GPs would accompany patients to secondary care appointments, so the patient had confidence that the GP was aware of their condition and that the relevant information was discussed. This assisted the provider manage any follow-up actions advised by secondary care and enabled the patient to discuss the appointment with the GP.
- The cost of the service was made available to the patients when they contacted the service.
- The provider had established relationships with other concierge worldwide services so that patients could be seen when they were not in the UK and arranged for a report of the patient consultation sent to the provider.
- The service had a system in place to protect patient's privacy where they have had to protect their identities from the media.
- The provider had arrangements in place for patients to have their medicines delivered seven days a week.
- The service had a partnership with an aviation company to support patients who required private medical planes services.

## **Timely access to the service**

- Patients could access the service 8am to 11pm seven days a week. A standard GP appointment was 60 minutes.
- From the initial contact with the service patients would be contacted by the GP by telephone within 20 minutes, the face-to-face appointment would be within 60 minutes from the triage call. Follow up calls were carried out within 24 to 48 hours.
- The service used a pathology home visit service to take blood samples which were ordered by the visiting GP. If this was not available, or if the tests were urgent, they were carried out by the GP.
- The provider had a protocol in place to ensure that all patients referrals were made within one working day.

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

- The service had a complaint policy and procedure in place.
- The practice had not received any complaints in the last 12 months.
- The chief executive was responsible for investigating complaints and clinical complaints were investigated by the medical director.
- Patients had access to information about how to complain when registering with the service.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability.**

- The

## **Vision and strategy**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were supported to meet the requirements of professional re-validation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.
- The service had a whistleblowing policy in place to encourage staff to raise concerns.
- Staff had received confidentiality and customer service training.

## **Governance arrangements**

- 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.
- Staff were clear on their roles and accountability
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Although, the provider explained that policies and procedures were reviewed every two years and contained the version number, they did not record the date of the review on the policy.

## **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 appraisal, audit of their consultations and prescribing.
- Leaders had oversight of safety alerts, incidents, and complaints.

## **Appropriate and accurate information**

- 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.
- Patient records were held on a secure online computer software system.
- The service provided the GPs with training on how to use the patient record computer software system.

# Are services well-led?

- The medical director explained that GPs would make paper notes when they visited the patient in their homes and then record these onto the patient record system on their return.

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service held clinical and governance meetings every three months the most recent was in May 2022. Non-clinical staff had regular meetings to discuss any issues.
- Feedback was sought following each consultation. We saw feedback from twenty patients, collected in the previous six months, which were positive. Eighteen patients had scored the service 10 out of a maximum of 10, with two stating they were nine.

## **Continuous improvement and innovation**

- There was a focus on continuous learning and improvement.
- The medical director had received Top Concierge Medicine Doctors Recognised for Leadership in The World award. The award is given by Concierge Medicine Today after evaluating the nominations and feedback which was submitted by the doctor's patients and their colleagues.
- The provider stated they had written educational material and organised education sessions for fellow concierge doctors.