

# Health Technologies Limited T/A Qured - 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.

# Overall summary

We carried out an announced comprehensive inspection on 5 March 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

## **Our findings were:**

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

### **Are services effective?**

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

### **Are services caring?**

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

### **Are services responsive?**

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

### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Health Technologies Limited T/A Qured – Head Office is an independent provider of medical services. The service provides home visiting services provided by general practitioners, paediatricians and accident and emergency specialists in the inner London area. The service also provides home visiting services by physiotherapists. The service is provided as a visiting service across London, but the office for the service is based at 6.09 Tintagel House, 92 Albert Embankment, Vauxhall, London, SE1 7TP.

The head office is staffed by a chief executive, a medical director, a chief clinical advisor and an operations manager. They are supported by a governance lead and a technology development team. Services are provided by 30 doctors who are employed by the provider on a contractual

basis, and who work remotely from the head office. The registered manager for the service is the medical director. 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 premises is an office only, no clinical services are provided from the base address.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury and transport services, triage and medical advice provided remotely.

## **Our key findings were:**

- The service had some systems to manage risk so that safety incidents were less likely to happen. However, the service did not have systems to ensure that clinical equipment was calibrated.
- Doctors undertaking home visits did not take medicines with them, with the exception of medicines for the treatment of anaphylaxis when vaccinations were provided. There were therefore no medicines required to manage unexpected presentations or emergency situations. Vaccines were not stored safely.
- The service had undertaken regular quality improvement work and had undertaken regular audits of the work of clinicians who worked at the service.
- Care and treatment were delivered according to evidence based guidelines.
- Staff had been trained in areas relevant to their role.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- Patients were able to access care when they needed it.
- The service had governance procedures in place supported by policies and protocols, and staff were aware of how to access and utilise them.

We identified a regulation that was not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients. This should include ensuring systems are in place to assure the safe management of medicines (specifically the storage of vaccines and availability of

# Overall summary

medicines) and risk management (specifically assurance that clinical equipment for suitable for use and that clinical records contained all relevant information).

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

- Consider actively offering patients the choice of male or female clinicians where triage shows that an abdominal examination may be required.
- Consider reviewing how urgent referrals are monitored.
- Consider reviewing the availability of interpretation services.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief  
Inspector of General Practice

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Health Technologies Limited T/A Qured - Head Office

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a first inspection of a service which became registered with the Care Quality Commission in 2017.

Health Technologies Limited T/A Qured – Head Office was inspected on 5 March 2019. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

Health Technologies Limited T/A Qured – Head Office is an independent provider of medical services. The service provides home visiting services provided by general practitioners, paediatricians and accident and emergency specialists in the inner London area. The service also provides home visiting services by physiotherapists. The service is provided as a visiting service across London, but the office for the service is based at 6.09 Tintagel House, 92 Albert Embankment, Vauxhall, London, SE1 7TP.

The business offers home visits between the hours of 8am and midnight. The service does not provide continued care for long term conditions, and does not prescribe high risk medicines which would require regular review.

All calls are triaged by the doctor who is scheduled to undertake the visit to ensure that the patient's requirements may be met by the provider.

During the inspection we used a number of methods to support our judgement of the services provided. For example, we interviewed staff, and reviewed documents relating to the service.

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 found that the service was not providing safe care in accordance with the relevant regulations. This was because:**

- Staff were not provided with medicines to take on home visits, with the exception of those to manage anaphylaxis where vaccines were being provided. The service had not formally risk assessed not having medicines to manage unexpected emergency presentations.
- Vaccines stored in a refrigerator at the service were pushed to the sides and back of the refrigerator which restricted air flow and increased the risk of the vaccine freezing which would render it unusable.
- The service had access to details of what medicines were provided, in what dose and for what duration. However, this did not appear in the clinical record.
- The service did not have processes in place to assure itself that clinical equipment used by its practitioners was fit for use.

## **Safety systems and processes**

The service had systems to keep people safe and safeguarded from abuse in some areas, but not in others.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The service had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were easily available to staff at the service. Where relevant, policies contained details of where issues should be escalated.
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Staff who undertook home visits were provided with personal protective equipment, and safe means of disposal of clinical waste.
- Some staff who undertook home visits used their own equipment when undertaking home visits, while others used equipment provided by the provider. However, the service did not have systems to assure itself that equipment was calibrated and suitable for use.
- The service issues alerts to practitioners by way of a fortnightly newsletter from the medical director.
- The service had a system in place to review that urgent referrals had been completed. However, there were no clear system for the provider to check that doctors, who were responsible for follow up, had done this.

## **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. However, they did not have access to emergency medicines.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## **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. However, the record that was passed to the patient's NHS GP contained the medical record but not the prescription. The medical record did not detail dose and duration of treatment, although this was recorded on an adjacent system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance.
- 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 did not have reliable systems for appropriate and safe handling of medicines.

- The service did not issue medicines to be taken by doctors on home visits, so they were not able to manage unforeseen emergencies, with the exception of management of anaphylaxis.
- The service stored vaccines in a refrigerator at the company's head office. Temperatures were checked regularly, but vaccines were stored near the sides and back of the refrigerator. This increases the risk of the vaccine freezing and it becoming unusable.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Track record on safety

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. We saw that where they had been raised, significant events had been investigated. Where changes had been required they had been made and we saw that changes and learning points had been clearly shared with all staff. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

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

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

Clinicians were 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.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians triaged all patients before undertaking a home visit. They had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. At the time of the inspection the medical director was reviewing nearly 50% of all of all consultations undertaken at the service. We saw that where required either individualised or group feedback was provided to doctors working for the service.

## **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. Staff were also provided with protected time to attend training courses.
- Health professionals were registered with the General Medical Council GMC and were up to date with revalidation.
- The provider offered both mandatory and non-mandatory training opportunities for staff at the service.
- Employed staff at the service had been appraised and we saw that one to one support was available to both clinical and non-clinical staff as required.
- The service had introduced a tiered risk assessment to determine which patients could be seen by specific

clinicians. General Practitioners could see most patients, and paediatricians any patients under the age of 18. Accident and Emergency doctors were assessed on which patients they were able to see.

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

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

- The service shared information with patients' registered NHS GPs where the patient had consented to this. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP on each occasion they used the service. The service had a policy to share information where a GP would need to know.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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. However, patient records alone did not contain details of dose and duration of treatment in all cases. There were clear and effective arrangements for following up on people who have been referred to other services.

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

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making, including consent to provide treatment to children.

## Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- The service had undertaken a review of patient satisfaction which showed that a significant majority of the 59 patients questioned were happy with the service.
- The service gave patients timely support and information.

We received seven comment cards from patients that used the service. They told us that they were very satisfied with all elements of the service, and that clinical staff were friendly and helpful.

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

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

- The service did not have interpreter services in place at the time of the inspection, but had made enquiries with regard to introducing it. There was no evidence that the lack of interpreter services had harmed patients.

## **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Visits could be arranged at a number of location types (home, hotels, offices), doctors checked with patients during the triage call that a private space was available for their consultation.

# Are services responsive to people's needs?

**We found that the service was providing a responsive service in accordance with the relevant regulations.**

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

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

- The service could be accessed through a bespoke mobile telephone application designed specifically for the service, via the website or by calling the main office.
- We saw that the application had been amended since it had been launched to better meet patient needs.
- The provider understood the needs of their patients and offered home visits at convenient times for them.
- Home visits were arranged to take place within two hours of them being requested. The service was compliant with its own target in more than 95% of cases. The provider had adapted the service so that it was equipped to meet these targets.
- The provider did not proactively offer either a male or female clinician if an abdominal examination was likely to be required.

## **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, diagnosis and treatment. All patients were triaged before the visit took place to ensure that the patient was not seeking a service which was not provided.
- The service operated seven days per week and could be accessed at any time between 8 am and midnight.

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

The service took complaints and concerns seriously. We reviewed five of the 11 complaints from the last year. The service had apologised where it was appropriate and had offered patients a refund where they had seen fit to do so.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.

# Are services well-led?

**We found that the service was well-led to ensure compliance with the requirements of the regulations.**

## **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.
- Structures within the organisation and lines of responsibility were clear.

## **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 practices core values were painted on the walls of the office and all staff that we spoke to were aware of them.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy. Where the service had not been able to deliver the business plan had been adapted as appropriate.

## **Culture**

The service had a business plan in place and staff that we spoke to said that were involved in this.

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management. These were followed in all cases that we reviewed.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

- The service had regular meetings with all relevant staff. Standing items on the agenda of clinical meetings included discussions about safeguarding and serious events.

## **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. We saw that the practice had taken action to mitigate risk.
- The service had not ensured that doctors had the equipment or medicines to deal with all eventualities when undertaking home visits.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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.

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

The service had undertaken a review of patient satisfaction which showed that a significant majority of the 59 patients questions were happy with the service.

## **Continuous improvement and innovation**

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Staff were not provided with medicines to take on home visits, with the exception of those to manage anaphylaxis where vaccines were being provided. The service had not formally risk assessed not having medicines to manage unexpected emergency presentations.</li><li>• Vaccines stored in a refrigerator at the service were pushed to the sides and back which restricted air flow and increased the risk of the vaccine freezing. This would render it unusable.</li><li>• The service had access to details of what medicines were provided, in what dose and for what duration. However, this did not appear in the clinical record.</li><li>• The service did not have processes in place to assure itself that clinical equipment used by its practitioners was fit for use.</li></ul> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>