

# Health Finder Pro 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 Health Finder Pro Ltd as part of our inspection programme of Independent Health Providers. This was the first inspection of this service after the provider had registered with the CQC on 21 August 2020.

Health Finder Pro Ltd provide prisoners access to medical treatment within court settings for the Prison Service and Her Majesty's Courts and Tribunals Service (HMCTS). Health Finder Pro Ltd exclusively provides this service for all courts in Wales and the North of England. Health Finder Pro Ltd employs five doctors and five paramedics who cover various regions of Wales and the North of England.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the regulated activities: Treatment of disease disorder and injury, and Transport services, triage and medical advice provided remotely.

The Chief Executive 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.

## **Our key findings were:**

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided.
- 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.
- Systems for the management of stock of equipment carried by the paramedics and medicines stored in Court safes were operating effectively.
- The service involved patients in decisions about their care and treatment and took into account their individual needs.

# Overall summary

- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**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 Advisor.

## Background to Health Finder Pro Head Office

Health Finder Pro Ltd headquarters are based at Units 207-208 China Works, 100 Black Prince Road, London, SE1 7SJ. Health Finder Pro Ltd was registered with the CQC on 21 August 2020 to provide the regulated activities of Treatment of Disease, Disorder and Injury; and Transport services, triage and medical advice provided remotely.

Health Finder Pro Ltd provide prisoners access to medical treatment within court settings for the Prison Service and Her Majesty's Courts and Tribunals Service (HMCTS). Prison Custody Officers are able to contact the service via a secure telephone advice line and speak directly to a Health Finder Pro Doctor if there are any medical concerns regarding a prisoner. The Doctor will provide medical advice which may result in advising an ambulance to be called or the deployment of a paramedic who will undertake a site visit to the court to provide treatment for the prisoner which may include assessment and treatment of an injury; a medical interview to assess, organise and administer a prisoner's medicine; assessment and treatment for alcohol and drug withdrawal; blood sugar checks for prisoners with diabetes; and assessment and treatment for pain relief requests. In some courts for which Health Finder Pro Ltd provide a service, paramedics may provide video consultations for prisoners.

The service employs a Registered Manager, five doctors, five paramedics, an Operations Manager and three administrative staff.

The service operates from 09:00am to 17:00pm Monday to Friday and 09:00am to 13:00pm on Saturday.

Information about the service can be found at: [www.hfproltd.co.uk](http://www.hfproltd.co.uk)

### How we inspected this service

Prior to our inspection, a 'Provider Information Return' was received from the service and reviewed.

During our visit we:

- Spoke with the Chief Executive Officer who was the Registered Manager for the service and staff based at the service headquarters.
- 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.
- Listened to five recorded telephone calls between Prison Custody Officers and a Health Finder Pro Doctor and reviewed five on-site consultation records undertaken by paramedics.

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 several 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. Doctors were trained to level 3 for Child Protection, paramedics to level 2 and administrative staff to level 1. The Registered Manager was the nominated Safeguarding Lead for the service.
- We saw evidence of a Child Protection policy in place to help staff identify when a child is at risk of harm, or is already being harmed, to guide them in supporting these children and their families and working in partnership with other agencies to protect and safeguard children; and a Safeguarding Adults policy to help staff address the specific needs of individuals and promote their independence and wellbeing in order to reduce the likelihood of abuse and neglect occurring.
- 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 service ensured that equipment was safe and maintained according to manufacturers' instructions.
- The service had identified the risks faced by the paramedic staff and had arranged self-defence training to assist them in providing the service safely. We saw evidence of this 'SPEAR' training which covered the law in relation to the use of physical force to defend oneself and others; and the demonstration of appropriate and effective physical skills for breaking away and defending against a violent assault.

## **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. We saw evidence of tailored induction processes paramedics and doctors.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, including patients with severe infections such as sepsis.

# Are services safe?

- 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 for the service.
- On-site paramedics wore industry standard personal protective equipment (PPE) which included a face mask and gloves.
- Regular fire alarm tests and fire drills were carried at the office headquarters.

## 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 stored using a bespoke IT clinical system and were managed in a way that kept patients safe. Care and treatment provided by paramedic staff was recorded on a patient record form and a Patient Escort Record (PER).
- Patient records were scanned and emailed to be centrally stored at the Health Finder Pro headquarters along with the corresponding telephone recordings with the Health Finder Pro Doctor in relation to the individual patient.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- When providing care and treatment, paramedic staff were able to contact the Health Finder Pro dispatching Doctor directly to pass back new patient information or receive further medical advice on the management of the patient. When the initial telephone call is made by a Custody Officer to the service, the Health Finder Pro Doctor records details of the court and the name of the Custody Officer for reference. The Doctor provides their unique telephone 'PIN' to allow follow up on the same case by either court custody staff or the attending paramedic.
- In some courts, there was the option to arrange a video consultation for the patient via computer tablets provided by the service.
- 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 confidentiality policy in place and operated in line with data protection guidelines. The service used data security software, encrypted emails and a password protected drive to keep patient information secure.

## Safe and appropriate use of medicines

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

- The service did not prescribe any medicines for patients outside of the medicines carried by paramedics for the treatment of alcohol withdrawal, drug withdrawal, and mild nausea, pain and itch relief. The paramedics did not carry any intravenous drugs such drips and injections.

# Are services safe?

- The systems and arrangements for managing medicines minimised risks. The service kept medicines securely and monitored their use. Processes were in place for checking medicines and staff kept accurate records of medicines. Safes were used within court settings to store medicines and equipment to be used to deliver care and treatment for patients and all stock was robustly monitored by the service. We saw evidence of a 'Paramedic Equipment and Medication List' which was used to ensure paramedic staff had appropriate stock of these specific items.
- Paramedics were able to help administer medicines already in the prisoner's possession such as insulin and controlled drugs such as Methadone; and assist in organising and administering multiple medicines of prisoners where their dosing schedule was unclear.
- Paramedics administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service ensured staff adhered to the medicines policy and procedure which was available to all staff for reference on the online cloud-based 'Bright HR' portal.

## Track record on safety and incidents

### The service had a good safety record.

- The service had evidence of several risk assessments which had been undertaken which included health and safety, fire, workplace and home working and had a risk register in place which was routinely monitored.
- The service ensured risks relating to the storage of medicines were clearly managed.

## Lessons learned and improvements made

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

- There was a system and policy in place for recording and acting on adverse events and staff understood their duty to raise concerns and report incidents and near misses. We saw evidence of two adverse events where learning had been identified as a result. For example, one adverse event related to the use of new IT software for managing staff absence for annual leave and it's correct usage to avoid understaffing of the service; and the second related to a delay in the dispatch of a paramedic as a result of an incorrect postcode which had been obtained via online maps rather than confirmed with the court.
- Adverse events were discussed at monthly clinical governance meetings or before if deemed urgent, and learning was shared with staff to mitigate similar events recurring in the future.
- 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:**

## **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 service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards and focussed on patient outcomes. Clinicians used National Institute for Health and Care Excellence (NICE) guidelines to support their clinical decision making and referred to the online British National Formulary (BNF) when prescribing medicines within the scope of the service.
- The service had developed a 'Custody Early Warning Signs' (CEWS) score sheet for assessing the needs of each prisoner. According to this clinical assessment risk score, the patient outcome may result in standard welfare checks and routine observations; enhanced welfare checks and increased monitoring/and or clinical care; and constant watch and consideration of an ambulance.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- We saw evidence of a detailed audit regarding the service provision from September 2020 to July 2021 where analysis was undertaken of telephone and paramedic dispatches data. The audit showed quality improvement in both these areas. For example, telephone calls to the advice line from September 2020 to July 2021 had quintupled and paramedic dispatches from September 2020 to July 2021 had almost quadrupled.
- The service also undertook regular monthly audits of random sets of patient notes and medical advice telephone calls which were recorded, in order to ensure clinical oversight of staff and monitor quality.
- We saw evidence of a Quality Assurance Policy and Procedure and staff told us the service continuously reviewed the quality of healthcare being delivered by using high level guidance developed by the Regulation of General Practice Programme Board (RGPB) and the National Quality Board (NQB).
- The service worked to embed quality improvement activity to ensure patients received the best and most appropriate care and treatment from the most relevant individuals and teams, by narrowing any gaps identified between existing and best practice and quality standards. All staff were involved in developing the quality delivery plan, in particular, where such gaps were identified.

## **Effective staffing**

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

- The service had an effective recruitment policy in place and maintained a robust supervision and appraisal system.



# Are services effective?

- All staff were appropriately qualified. The service had tailored induction programmes for all newly appointed staff.
- Doctors were registered with the General Medical Council (GMC) and Paramedics were registered with the Health and Care Professions Council (HCPC).
- There was an extensive list of mandatory training for all staff in addition to extensive role-specific training such as pain management, law and ethics, and urgent care for injuries; for paramedic staff. Up to date records of training were maintained.
- Staff told us in addition to the mandatory annual training they received, they were offered a payment of £250.00 towards any courses which may contribute to their continuous professional development relevant to their role.
- The service maintained appropriate staffing levels. Staff had been cross-trained to perform the day-critical role of 'Co-ordinator' which enabled holidays and sickness to be covered effectively. Staff told us they completed compulsory handovers at the close of each business day so if any unforeseen sicknesses arise, the action items from handover are passed on.

## 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.
- The service had provided Pulse Oximeters (used to measure oxygen saturation and heart rate) for the for the Courts they serviced to enable Custody Officers to monitor some of the observations of prisoners in their care. The readings from the Pulse Oximeters could be conveyed by the Custody Officer to the Health Finder Pro Doctor via the medical telephone advice line which facilitated the triaging process and clinical priority of the paramedic staff dispatches.
- Before providing treatment, paramedics ensured they had adequate knowledge of the patient's health.
- All patients were asked for consent to share details of their consultation to external agencies such as the NHS, Prison Service, HMCTS, GPs, and local social services.

## 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.

## Consent to care and treatment

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

# Are services effective?

- Patients were required to give consent prior to treatment which included ensuring patient understanding of the potential risks of treatment and the limitations of the treatment.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.
- The paramedics supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence of a Mental Capacity Policy and Procedure to support service staff in understanding and embedding the core principles of the Mental Capacity Act 2005 in their day to day work.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- During our inspection we were unable to observe any clinical patient interactions or speak with any patients due to the nature of the service. However, staff told us they were an equal opportunity service provider that met individual needs with dignity and respect regardless of age, race, disability, sex and gender identity and religious belief.

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

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

- Staff told us patient choice and control was at the forefront of their service and staff strived to ensure patients felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff told us after a face to face consultation with the patient, the outcome was discussed, and a care pathway was agreed with all parties.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's privacy, dignity and respect.
- All staff had received a range of training to ensure the service respected patient's privacy and dignity including; patient confidentiality, information governance, communication skills and Duty of Candour training.
- The service encouraged all clinical staff to treat patients with dignity, respect and compassion and monitored telephone calls and patient records to ensure this was maintained.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 understood the needs of their patients and improved services in response to those needs.
- The service was able to provide medical care to patients via telephone, video and face to face consultations as appropriate.
- In some circumstances with video court proceedings, clinical staff were able to provide video consultations for patients where appropriate.

## **Timely access to the service**

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

- A Prison Custody Officer can telephone the service to discuss directly with a Doctor, any medical concerns regarding a prisoner. The Doctor provided medical advice which may result in advising an ambulance to be called or the deployment of a paramedic who will undertake a site visit to a court to provide treatment for the prisoner. In the event of a medical emergency, the Health Finder Pro Doctor would advise the Prison Custody Officer to dial 999 as the service paramedics are not 'blue light' paramedics.
- The service working hours are 09:00am to 17:00pm Monday to Friday and 09:00am to 13:00pm on Saturday and the Doctor telephone advice line was manned by Health Finder Pro Doctors during this time.
- The paramedics were centrally based and had access to vehicles to allow them to move to multiple locations. Paramedics were dispatched according to nearest location using the service 'Go Assign' online scheduling software system. Each paramedic has a company vehicle fitted with a vehicle tracker. The service Co-ordinator is able to see a map of all the paramedics and their distance and time to any UK location.
- The paramedics are mobile and moving in various regions of Wales and the North of England with an aim of being able to attend a court setting within one hour of being dispatched.

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

**The service took complaints and concerns seriously**

- At the time of the inspection the service had not received any complaints. Staff explained they acted quickly to resolve any issues.
- In the event of a formal complaint being raised, the service had an appropriate complaint policy and procedure in place and the issue would be escalated to management to identify a resolution.

# Are services responsive to people's needs?

- A review of any complaints received would be reviewed as part of the clinical governance meeting to monitor for trends and share learning.

# Are services well-led?

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

## **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 service had effective processes to develop leadership capacity and skills, including planning for the future expansion of the service.

## **Vision and strategy**

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

- The service had a clear vision to exceed the expectation of their clients and patients in both design and service delivery.
- Staff told us it was the company's mission to improve patient care through innovation. Staff were aware of and understood the vision and values and their role in achieving them.
- The service had a comprehensive strategic business and marketing plan in place to achieve priorities.

## **Culture**

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

- Staff felt the service was run professionally and described themselves as innovative and open providers of healthcare.
- There were positive relationships between staff.
- The service 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 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. For example, the service had organised self-defence training for paramedic staff to support them to deliver the service safely.

## **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.

# Are services well-led?

- The service had a robust governance framework and had established policies and procedures to govern activity in accordance with the National Minimum Standards Regulations and other relevant legislation.
- Policies and procedures were available to staff to access on the online cloud-based 'Bright HR' portal.
- The service had robust arrangements for the clinical oversight of the clinical care provided by the doctors and paramedics employed by the service. Daily and monthly random audits of recorded medical advice telephone calls and patient consultation notes were undertaken, and outcomes of these audits were reviewed and discussed with the individual clinician.
- All staff were clear on their roles and accountabilities.

## 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. The service had adapted and developed the services they offered patients in response to the COVID-19 pandemic. For example, paramedics had been provided with 'Supporting Paramedic Practice During Covid-19' training.
- The service proactively identified risks which were recorded on a Health & Safety Risk Register.
- The service had in place a clinical governance committee which met regularly, and the minutes of these meetings were circulated to staff.
- Regular peer review of consultations was undertaken in order monitor performance. The Registered Manager had undergone 'Responsible Officer' training to support Health Finder Pro doctors as required.
- The service had a business continuity plan in place and had prepared staff for major incidents. Staff told us they were well equipped to flexibly work from home as all systems can be run remotely and therefore the service was prepared for the impact of the COVID-19 pandemic.
- Staff had undertaken both workplace and remote working risk assessments, and regular risk assessments were carried out by paramedic staff.
- All staff had access to counselling services from an independent provider.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Regular governance and performance 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 (GDPR) 2018 in relation to patient information. All patients had access to their records kept by the service in line with GDPR.

# Are services well-led?

- 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. Formal arrangements were in place for patient identifiable information if the service 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 clients, patients, staff, Custody Officers and Court staff and acted on them to shape the service.
- The service held monthly clinical governance meetings with both clients and staff which provided a regular forum for feedback.
- Staff involved and provided training for clients, Custody Officers and Court staff to support the delivery of the service. We saw evidence of a presentation given to Court staff by the paramedics, and Custody Early Warning Signs and Safe Administration of Paracetamol and Naloxone presentations provided for police staff.
- Staff could describe to us the systems in place to give feedback. In addition to meetings, staff had a 'WhatsApp' group for communication and used 'Zoom' meetings when working from home during COVID-19.

## **Continuous improvement and innovation**

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

- The service was exclusively provided by Health Finder Pro for the regions of Wales and the North of England and therefore the service is industry leading in the field of secure environment healthcare.
- Prior to the innovative development of the 'Custody Early Warning Signs' system, the risk indicators in response to prisoner physical illness relied upon the judgement and professional discretion of Custody Officers and staff who are not medically trained to make a clinical assessment. The Custody Early Warning Score system was designed to inform professional judgment and enable suitable prisoner care plans to be implemented dynamically. The Custody Early Warning Signs score system provided the basis for a unified and systematic approach to monitoring prisoner health in custody whilst at court.
- There was a strong focus on continuous learning and improvement. The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.
- The service had been awarded a Quality Management System international certificate by the International Organisation for Standardisation (ISO).