

# Echelon Health Ltd

## 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 of Echelon Health Ltd on 27 February 2023. This was the first CQC inspection of this location under the current CQC inspection methodology.

The registered manager is also the Operations Manager at the company. 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.

This service is registered with CQC under the Health and Social Care Act 2008 for the treatment of disease, disorder or injury.

## **Our key findings were:**

- The provider ensured that all premises were safe and clean for patient care.
- 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-centre care.

Although we did not find any breaches of regulations, the provider **should:**

- Take steps to obtain training and recruitment records for all staff.

**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. The team included a CQC Inspection specialist adviser.

## Background to Echelon Health Ltd

Echelon Health Ltd is an independent provider of medical services. The service provides preventative holistic health assessments for patients. An initial consultation considers what package a patient requires and this is reviewed by a doctor. Patients are then sent for the assessments required. The assessments are all carried out by third-parties such as Alliance Medical located close to the headquarters of this provider. No assessments are carried out at this specific provider itself. The Alliance Medical assessments check patients for a vast array of cancers and diseases. At the end of the assessments an outcome consultation is held with the medical director to discuss the findings.

Echelon Health Ltd is based at 68 Harley Street, London, W1G 7HE. The service is for private fee-paying adult patients only, the service does not see NHS patients or children. The provider is registered with the CQC to deliver the regulated activity of treatment of disease, disorder or injury. The provider primarily provides services to patients throughout London.

The clinic has consultation rooms that are used to discuss results and assessment plans. There are 5 doctors, a Chief Executive Officer, a Chief Operating Officer, a Client Liaison Officer and an Administrator.

The service operates on Monday to Friday:

Monday: 8am – 5pm

Tuesday: 8am – 5pm

Wednesday: 8am – 5pm

Thursday: 8am – 5pm

Friday: 8am – 5pm

The service does not formally provide a service outside of these hours. The service employs an administrator who oversees appointments and administration for all patients.

### **How we inspected this 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 rated safe as Good because:**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. The provider informed us that they had no safeguarding incidents in the past year.
- 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 had recorded evidence of up-to-date safeguarding and safety training appropriate to their role on the day of the inspection. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective assurance record system to manage infection prevention and control at the location and Alliance Medical.
- The provider recorded assurances of the building and Alliance Medical's appropriate environmental risk assessments, which took into account the profile of people using the service.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions at Alliance Medical.

## **Risks to patients**

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place for clinicians.

## **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 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.

## **Safe and appropriate use of medicines**

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

- 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).

# Are services safe?

## 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 identified themes and took action to improve safety in the service. The provider informed us that there had not been any significant events.

# 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 used information about care and treatment to make improvements, and clinicians regularly attended training events and conferences in order to ensure that they were up to date.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients' immediate and ongoing needs were fully assessed by 3rd party providers such as Alliance Medical.
- Patients using the service had an initial consultation where a detailed medical history was taken through the completion of a questionnaire. Following any assessments completed, a consultation was held to go through the results.

## **Monitoring care and treatment**

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

- The provider had multiple audit cycles in place to review quality and implement improvements. For example, one audit considered the outcomes of the assessments and found that many patients had had cancers and diseases identified which could then be treated.
- Patient records were continually reviewed to ensure continuity and consistency of quality.

## **Effective staffing**

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

- Some records of staff training were not available on the day of the inspection. Immediately following the inspection the provider was able to show evidence that all staff were appropriately qualified. Some contracted clinicians did not have all of their recruitment records held by the provider on the day of the inspection but these were immediately obtained subsequently.
- Relevant professionals were registered with the General Medical Council and were 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 for most staff. There were some contracted staff who worked infrequently at the provider. These staff were missing some records of their training on the day of the inspection. Immediately following the inspection the provider obtained these records.

## **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.

# Are services effective?

- Before consulting patients, clinicians 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 on each occasion they used the service.
- The service monitored the process for seeking consent appropriately.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

## **Consent to care and treatment**

### **The service obtained 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.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- Patients were assisted throughout their assessments by a liaison officer who accommodated any bespoke needs.
- The service sought feedback on the quality of clinical care patients received. The feedback was audited and used to implement improvements. For example, patients had access to blankets and hot water bottles to keep them warm during some assessments.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all 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.**

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **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 they could offer them a private room to discuss their needs.
- Patients medical records were securely stored electronically.



# 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 waiting area was large enough to accommodate patients attending the service.
- The website for the service was very clear and easy to understand. In addition, it contained clear information about the assessments offered.
- The facilities and premises were appropriate for the services delivered.

## **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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. There had been 2 complaints in the last year. All of these had been responded to appropriately. There was evidence of action taken as a result of complaints for example the provider ensured all patients were given as much information as possible about assessments in order to manage their expectations.

# 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 knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others 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.

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

**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 of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

# Are services well-led?

- Leaders had established suitable policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 audits of their treatments. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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 operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the patients and acted on them to shape services and culture.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.