

Healthclic Limited

Healthclic Limited

Inspection report

Third Floor, Landsdowne House
57 Berkeley Square
London
W1J 6ER
Tel: 0203 370 4034
Website: www.healthclic.co.uk

Date of inspection visit: 4 September 2018
Date of publication: 25/10/2018

Overall summary

We carried out an announced comprehensive inspection of HealthClic Limited on 4 September 2018 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 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.

The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury.

The service provides 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. Therefore, we were unable to speak to any patients during the inspection. However, four patients provided feedback directly to the Care Quality Commission (CQC). All comments were positive about the service experienced. Patients told us they felt the service was professional and the team were friendly, compassionate and caring.

Our key findings were:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. Staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

Summary of findings

- The provider carried out staff checks on recruitment, including checks of professional registration where relevant.
 - Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
 - There was evidence of quality improvement, including clinical audit.
 - Consent procedures were in place and these were in line with legal requirements.
 - Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
 - Patients could access care and treatment from the service within an appropriate timescale for their needs.
 - Information about services and how to complain was available.
 - The service had proactively gathered feedback from patients.
 - Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were areas where the provider could make improvements and should:
- Review the system for documenting patient interaction in clinical notes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Healthclic Limited

Detailed findings

Background to this inspection

HealthClic Limited is an independent GP service founded in 2016 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 describes itself as a concierge medicine service in that patients pay an annual membership fee to register with the service which affords them unlimited home visits and an annual personalised health assessment. Non-members can also access the service on a pay-as-you-go basis. The service is predominantly used by patients in Central London and the London Boroughs of Kensington & Chelsea and Westminster but the provider will see patients at any location in zones one to three. At the time of our inspection there were approximately 23 active family memberships and the provider told us it had undertaken approximately 372 visits in a one year period which included non-member consultations.

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 its website.

The service is run by a medical director and managing director, five GPs (four male and one female) and two administrative staff.

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.

The inspection was carried out on 4 September 2018 and led by a CQC Inspector who was accompanied by a GP Specialist Advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the medical director, managing director, GPs, and an administration staff member. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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?

Our findings

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

Safety systems and processes

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

- The provider had a safeguarding policy in place to provide staff with information about identifying, reporting and dealing with suspected abuse of children, young people and adults.
- There was a lead for safeguarding and all staff we spoke with knew who this was and demonstrated they understood their responsibilities if they had any safeguarding concerns.
- We saw evidence that the safeguarding lead and the GPs had been trained to safeguarding children level 3 and non-clinical staff to level 1.
- The provider demonstrated that it had systems in place to check a person's identity, age and, where appropriate, parental authority.
- The provider conducted safety risk assessments. 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 ongoing training. In particular, we saw the service had a lone worker policy in place, had systems and processes to ensure the health, safety and welfare of lone workers undertaking home visits and had undertaken risk assessments for each staff member. Staff we spoke with confirmed the processes in place to report safe arrival and departure from a scheduled location and how to raise an alarm if assistance was needed.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We reviewed the personnel files for all clinical and non-clinical staff and found that the appropriate checks had been undertaken prior to employment. For example, proof of identification, written references, professional registration, indemnity and appropriate Disclosure and Barring Service (DBS) check. 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.

- There was a system in place to manage infection prevention and control (IPC). The infection control policy covered the cleaning of re-usable devices. The service generally used single use disposable equipment. However, medical equipment such as a stethoscope and blood pressure monitor and cuffs were cleaned on a regular basis in accordance with both their policy and risk assessment. The service maintained a record of staff immunisation status in line with guidance.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that medical equipment had been calibrated in October 2017. The service had a system in place to ensure any equipment used by its GPs which had not been procured by the service was calibrated in line with guidance.
- The service managed its operations from secure serviced office space which included facilities management, for example, cleaning. No patients were seen at the location.
- The service utilised its pathology provider's home visit service to take blood samples ordered by the visiting GP. This was the service's preferred method of obtaining blood samples. However, if the service was not available then GPs were able to take samples during their visit and we saw that they had the appropriate equipment to do this and systems were in place to safely manage healthcare waste. All samples were collected by the pathology provider.

Risks to patients

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

- 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. However, GPs we spoke with told us they did not record or document this patient interaction in the clinical notes. No emergency equipment or medicines were carried by the GPs to home visits.
- We saw that all clinical staff had received annual basic life support training.
- Clinical staff we spoke with knew how to identify and manage patients with severe infections, for example,

Are services safe?

sepsis. Non-clinical staff we spoke with had received guidance on identifying patients who may require emergency treatment from information given at the time of making an appointment and the action to take.

- All GPs had appropriate professional indemnity insurance in place that covered the scope of their private practice.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- The provider had sufficient staffing resources, both clinical and administrative, to meet the service requirements. There were arrangements for planning and monitoring the number of staff needed and clinical rotas were planned in advance.

Information to deliver safe care and treatment

- Patients provided personal details at the time of registration on its membership scheme or on booking for pay-as-you-go patients which included their name, address, date of birth and contact telephone number.
- We saw that individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using a bespoke clinical system with password protected access for staff appropriate to their role.
- The service had a policy and system in place to manage pathology results and we saw these were actioned in a timely manner.
- The provider had systems for sharing information both internally and with other agencies to enable them to deliver safe care and treatment.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.
- The practice liaised with consultants and private hospitals and had established a communication network to refer patients to ensure patients received a quality and timely service.

Safe and appropriate use of medicines

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

- The service did not dispense any medicines or hold any controlled drugs.

- The service did not stock any medicines requiring refrigeration.
- We saw 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. Maintaining a copy of the prescription enabled the service to monitor prescriptions issued, account for any missing or spoilt prescriptions and audit the prescribing of each GP. We saw examples of private prescriptions and noted they were signed by the prescribing GP and were written and issued in line with guidance.
- The GPs we spoke with demonstrated that they prescribed or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service did not prescribe any controlled drugs in line with its policy.

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 to understand risks and, where identified, make necessary safety improvements.
- The service maintained a log of all incidents and complaints.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider demonstrated its system for recording and acting on incidents and significant events.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The service had recorded 10 significant events in the past 12 months. We reviewed two incidents in detail and saw that the service had adequately reviewed and investigated when things went wrong, took action to improve safety and shared outcomes with staff in its clinical meetings.
- Staff we spoke with told us the service encouraged a culture of openness and honesty. They were aware of the requirements of the Duty of Candour and had access to the policy.

Are services safe?

- There was a system for receiving and acting on safety alerts and the service was able to share examples of recent alerts relevant to the service and action taken.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 service organised for external specialist clinicians to provide presentations at their clinical meetings. We saw evidence of recent presentations in relation to cardiology, managing headaches and migraines and sleep disorders.
- The provider captured patient information and consultation outcomes on a bespoke clinical system. We reviewed examples of medical records which demonstrated that patients were fully assessed and received care and treatment supported by clear clinical pathways and protocols. Patients received a telephone call follow-up after each consultation.

Monitoring care and treatment

- There was evidence of quality improvement and we reviewed two complete-cycle audits. For example, an audit had been undertaken to review the management and treatment of patients presenting with symptoms of urinary tract infection.
- The service routinely undertook notes review and provided feedback to GPs.
- The service had systems in place to monitor and follow-up on pathology results.
- The service had a system in place to gather feedback from patients on an on-going basis.
- The service sought staff feedback through an annual anonymous survey.

Effective staffing

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

- We saw evidence that all clinical staff were registered with their appropriate professional body, for example, 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 maintained up-to-date records of training for both clinical and non-clinical staff.
- There was an induction programme for new staff which was tailored to individual roles.
- The service provided staff with ongoing support which included appraisal and clinical meetings.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- Patients received coordinated and person-centred care. Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health and medical history.
- Staff confirmed they referred patients to a range of specialists if they needed treatment not provided by the service.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

Supporting patients to live healthier lives

The service told us they were proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. Where appropriate, staff gave people advice so they could self-care.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

(for example, treatment is effective)

- Patients who had subscribed to the provider's membership scheme received a comprehensive annual health screen which included health and lifestyle information and advice, and an explanation of the tests undertaken.

Consent to care and treatment

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

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance.
- GPs supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence that GPs had undertaken Mental Capacity Act (MCA) training.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff we spoke with demonstrated they understood patients' personal, cultural, social and religious needs.
- Patient feedback directly to CQC indicated that patients felt that staff were caring and compassionate.
- As an independent doctor service the provider did not participate in the annual National GP Patient Survey. However, the provider regularly sought feedback from patients on how likely they would recommend the service on a scale of zero (not at all likely) to 10 (extremely likely). We saw that for the period September 2017 to September 2018, 26 patients had given feedback of which 85% had rated the service a score of nine or 10. We saw that patients had commented that they thought the service was helpful and caring.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices which included the cost of services.

- Interpretation services were available for patients who did not have English as a first language and several languages were spoken amongst the clinical team, for example the Arabic language.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.
- The service's website provided patients with information about the services available.

Privacy and Dignity

- Staff we spoke with recognised the importance of patients' 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service met patients' needs through the way it organised and delivered its services. It took account of patient needs and preferences and offered convenient appointments, seven days a week at their place of residence. The service had access to an interpreter services for patients whose first language was not English.

Timely access to the service

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

- Patients could access the service 8am to 11pm seven days a week. A standard GP appointment was 60 minutes.

- The service offered pre-bookable face-to-face GP appointments for adults and children. Appointments were bookable by telephone. Prior to a visit, the allocated GP called the patient to gain further medical information. Consultations were followed-up with a telephone call.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints.
- The service recorded written and verbal complaints, of which there had been none in the past 12 months.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

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

Leadership capacity and capability

- The management team had the experience, capacity and skills to deliver high-quality, sustainable care.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff we spoke with told us the management team was accessible and approachable and felt everyone worked together.

Vision and strategy

The service had a clear vision, organisational values and credible strategy to deliver high quality care and promote good outcomes for patients.

The provider shared with us its mission statement to provide high quality, personalised and proactive care, and treat our patients like family at all times. They told us this ethos was underpinned by its values which were proactivity, dedication, excitement and honesty.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. All staff we spoke with gave positive feedback about working at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Staff we spoke with told us the service encouraged a culture of openness and honesty and had access to the policy.
- There were processes for providing all staff with the development they need. This included induction, training and appraisals.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear management and staffing structure and staff we spoke with told us they were aware of the management structure and their own roles and accountabilities within the service. We saw staff had lead roles, for example, complaints and safeguarding.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- All staff had access to operational policies and procedures.

Managing risks, issues and performance

There were clear, effective processes for managing risks, issues and performance.

- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their consultations, prescribing and referrals.
- The service maintained oversight of incidents and complaints.
- Clinical audit was used to monitor care and outcomes for patients.
- The service held regular clinical and staff meetings.
- There was an induction programme for newly appointed staff and we saw annual appraisals had been undertaken.
- Patient satisfaction was monitored through patient feedback which was encouraged by the provider.
- The provider had plans in place to deal with major incidents. All staff had been trained in basic life support.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure bespoke clinical system.
- 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.
- The provider submitted data and notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The service engaged and involved patients and staff to support high-quality sustainable services.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The provider actively engaged with staff through one-to-one meetings and appraisals and undertook a confidential annual staff survey.
- Staff told us the service responded to feedback from the team and some changes had been implemented as a result. For example, establishing an 'team chat' platform.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and staff surveys.