

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Dr Thom

Mezzanine Floor, 50-54 Wigmore Street, London,  
W1U 2AU

Tel: 02072242835

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Expert Health Limited
Registered Manager	Mr. Thomas Van Every
Overview of the service	Expert Health Limited provides an online private doctor consultation service, DrThom, for people aged 18 years and over. This allows people to obtain a medical consultation, clinical testing and private prescription. The service also works with commercial partners so that pharmacists may provide medications using a patient group direction which enables pharmacists to supply prescription medications without a prescription. The registered location is an office in central London.
Type of service	Mobile doctors service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We carried out a visit on 25 October 2012, talked with staff and received feedback from people using comment cards.

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### What people told us and what we found

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People using the service were invited to give their feedback using various independent companies. There was a high level of satisfaction with the service, particularly for the speed, efficiency and confidentiality of the service. An example was "I found the whole process efficient and discreet". Overall, people were satisfied with the care and treatment received.

We saw that people were given enough information about the service and were involved in making decisions about what care and treatment they would receive. Medical histories were taken for each person and the doctors could seek more information prior to prescribing.

The service had systems in place to ensure that people were protected from the risk of abuse. Staff received suitable training, supervision and appraisal. There was evidence that there was an effective process to review and monitor the quality and safety of the service provided.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. People can find information about the service by using the website. This included a patient guide and the statement of purpose. The website explained the services offered and how to access them. In the most recent online survey 97% of people questioned found the site easy to use, 98% of patients said they would use DrThom again and 94% would recommend DrThom to a friend.

People who use the service were given appropriate information and support regarding their care or treatment. People could seek further information by corresponding with the DrThom doctors via their confidential online patient records. The service offered was private and confidential.

People expressed their views and were involved in making decisions about their care and treatment. The service encouraged feedback and there was live, unedited feedback shown on the website. The most recent was "I found the whole process efficient and discreet. An excellent service". Another person commented "thank you very much for the information, that has solved my question". We saw the various ways that feedback could be provided and staff described how they responded to feedback to improve the service.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Staff described how the service worked. People who wished to use the service for a medical consultation and/or treatment used the online system to complete a registration form. They decided which medical condition they were seeking a consultation for and completed the relevant medical health questionnaire and then submitted this.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. A doctor reviewed the questionnaire and made a diagnosis or recommendation. The doctor could ask for further information from the person using the service. People may be asked to send a sample for testing. Tests were undertaken at a CQC registered location and were sent by post. All the medical recording and prescribing then took place within the person's medical record which was saved and only accessed by authorised DrThom staff and the person using password protection. People could ask the doctor questions and receive answers using the message system in the medical record. One person's feedback was "the questionnaire was easy to cope with, although I did not talk to a doctor as it was all done on the website. I explained my problem, giving as much detail as I could. It was dealt with promptly and I was emailed within 15 minutes".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. If a prescription was required then this information was available for the patient and he or she may choose to select this and purchase the medication which is sent by a UK registered pharmacist by special delivery to the person's house or available to collect from a pharmacy. The medication prescribed was checked by the pharmacist and included information for the person, including what to do if there was an adverse effect from the medication. The doctor may recommend that the person seeks medical attention from their own GP.

People's care and treatment reflected relevant research and guidance. We saw that clinical guidelines were followed, for example the National Institute for Health and Clinical Excellence (NICE) guidelines on treating gonorrhoea and Chlamydia. This ensured that people were receiving suitable treatment for their condition.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse. The service was provided for people aged over 18 years. The provider recognised the duty of care to younger people who may try to use the service and was developing a process to deal with such a situation.

The DrThom doctors were on the General Medical Council's (GMC) GP register where applicable and had received safeguarding training via their Primary Care Trusts (PCT) with further training scheduled by the provider. Staff were aware of the need to contact the local authority if they suspected that a person using the service was at risk of abuse. There was a whistleblowing policy which staff were made aware of at induction.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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People using the service were positive about the service they received both from the doctors, the linked pharmacy service and customer service staff.

The doctors who provided this service were registered with the GMC. They received annual appraisals at the NHS trusts where they worked or used the Independent Doctors' Federation appraisal process. Verifications of all appraisals or the full appraisal were kept on file at this location. There was a system of audit of their prescribing. The medical director undertook the doctors' annual appraisal with relation to their work at this service.

Staff received appropriate professional development. New staff received an induction that was suitable for their role. Staff received supervision and further training. The teams held weekly and monthly meetings so that they received updates and reviewed the quality of the service they provided.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service. People's comments were followed up and this included work to make the online service easier to use. There were systems in place to review any incidents or adverse events. This included team meetings and reviews of doctors' performance. Risk assessments had been undertaken for the service provided. Each person using the service had an individual risk assessment completed within the medical health questionnaire to ensure that the treatment provided was appropriate.

We saw that audits had been developed and these included clinical audits twice a month. DrThom's commercial partners were also involved in the process of improving the service to people.

We saw feedback and this showed a high level of patient satisfaction with the service. Decisions about care and treatment were made by the appropriate staff at the appropriate level. Customer service staff understood that they could not give clinical advice.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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