

Invizo Limited

# The Children's e-Hospital

## Inspection report

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### Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Children's e-Hospital on 26 February 2019 as part of our inspection programme.

The Children's e-Hospital is a digital service which provides advice, care and treatment to parents of children aged 0 to 18 years who have a paediatric medical condition. The service is accessible via the service website and video consultations are undertaken.

The registered manager is Dr Baljinder (Tim) Ubhi. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 findings in relation to the key questions were as follows:**

##### **Are services safe?**

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

Specifically:

- Arrangements were in place to safeguard people, including arrangements to check patient identity.

- Prescribing was in line with national guidance.
- Risks were assessed and action taken to mitigate any risks identified.

##### **Are services effective?**

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

- Patients were assessed in line with guidance. Treatment plans were individualised and developed using protocols.
- Following patient consultations, information was appropriately shared with the patient's own GP in line with guidance.
- Information was available for parents to support the health and wellbeing of their child.

##### **Are services caring?**

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

- Feedback from service users was extremely positive about the service and care they received.
- Parents were involved in decisions about their child's care and treatment.

##### **Are services responsive?**

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

# Summary of findings

- The service had been established in recognition of a need for parental support with children who may be experiencing symptoms indicative of PANDAS (Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus) or PANS (Paediatric Autoimmune Neuropsychiatric Syndrome).
- Consent was obtained appropriately.

## Are services well-led?

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

- The service had clear leadership and governance structures
- Patient information was held securely.

## We saw an area of notable practice:

- The clinician provided unique specialist support to parents of children who experienced PANDAS and PANS, who had found difficulty in obtaining a diagnosis and accessing appropriate care and support for their child.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# The Children's e-Hospital

## Detailed findings

### Background to this inspection

The Children's e-Hospital is a digital service currently provided by the Clinical Director Dr Baljinder (Tim) Ubhi, who is also a consultant paediatrician working in the NHS. The service operates from Prospect House, High Street, Bramham, Wetherby LS23 6QQ.

The Children's e-hospital was founded in 2015 and was registered with the Care Quality Commission in August 2018 to deliver the regulated activity of treatment of disease, disorder or injury. As a result of information obtained during the inspection, in relation to the scope of services provided, we informed the provider of the need to also register for the regulated activity of diagnostic and screening procedures.

The service predominantly provides remote clinical advice and support to parents of children aged 0 to 18 years who have a paediatric medical condition. Support and advice is provided particularly for the parents of children who experience Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) and Paediatric Autoimmune Neuropsychiatric Syndrome (PANS). This is an emerging presentation amongst children which can present with an abrupt onset of symptoms, such as obsessive compulsive disorder or severe eating restrictions, along with other cognitive or behavioural symptoms. Treatment is provided to the child upon diagnosis, after excluding other possibilities.

The Clinical Director provides the service and is supported by the patient treatment coordinator (who also works with the Clinical Director in their NHS employment). There is a parents' steering group and a board of trustees who provide support in the development of the service. The Clinical Director has close working links with other paediatric clinicians and the UK PANDAS Physicians Network in collaborating with PANS PANDAS UK.

Patients can access the service by telephoning or emailing using details provided on the website

[www.e-hospital.co.uk](http://www.e-hospital.co.uk). Appointments can be booked via the website, where patients can pick a date and time suitable to their needs.

#### How we inspected this service

This inspection was undertaken by a Care Quality Commission (CQC) inspector and a GP specialist advisor.

Before the inspection we requested and reviewed information from the provider. During the inspection we spoke to the Registered Manager, who is also the clinician providing the service. We also spoke with the patient treatment coordinator who works remotely and supports the service from an administration perspective. We reviewed clinical and non-clinical documents, which included a sample of patient care and treatment records.

To get to the heart of patients' experiences of care and treatment, we 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.

#### Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

# Detailed findings

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.

# Are services safe?

## Our findings

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

### **Keeping people safe and safeguarded from abuse**

There was a safeguarding policy in place and a flowchart available for staff, highlighting the process and procedure to follow when a safeguarding concern was identified. These were easily accessible on the computer system. Both the clinical and administrative staff had received the appropriate training in safeguarding and knew how to recognise signs of abuse or concerns.

The service treated children aged between 0 and 18 years through consultation with their parent or guardian. There were systems in place to check the age and address of the patient and proof of parental authority. Parents were asked to provide photo ID in the form of a passport or driving licence at the first consultation. Each patient was allocated a unique identification number when they initially accessed the service.

### **Monitoring health & safety and responding to risks**

The provider operated the service from a secure and safe outbuilding at their home address. This was used solely for the purpose of service delivery. The clinician had access to the password encrypted computer system from this location. Patients were not treated on the premises. All consultations were undertaken in private via video calls. We were assured that confidentiality was always maintained.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. However, at the time of our inspection the clinician did not always verify the location from where the patient was making the call. We have received confirmation post-inspection that this was now being ascertained and recorded. The service was not intended for use by patients as an emergency service.

The patient treatment coordinator who provided administrative support worked from their own home. They had systems in place to support confidentiality and, again, the computer was password encrypted.

### **Staffing and Recruitment**

The provider was the clinician who provided the service and was supported by the patient treatment coordinator.

There was a recruitment policy and process in place for the recruitment of additional staff as the service developed. There were a number of checks which were required to be completed prior to employment, such as references and Disclosure and Barring Service (DBS) checks.

(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.)

### **Prescribing safety**

All medicines were prescribed in line with evidence base guidance and the British National Formulary for Children (BNFc). At the time of our inspection, a limited range of medicines were currently prescribed, in line with treatment guidelines for Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) and Paediatric Autoimmune Neuropsychiatric Syndrome (PANS). For other paediatric conditions, such as asthma, disease management pathways in line with the National Institute for Health and Care Excellence (NICE) were used.

The clinician prescribed medicines directly for the patient, via a private prescription. Alternatively, parents could request to have the medicines prescribed by their own NHS GP. In those instances, the clinician wrote to the GP with details of the medicine required and appropriate dosage.

All parents were given instructions regarding when and how their child should take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

At the time of the inspection we discussed the process regarding the issuing of private prescriptions. We were informed that the prescription was issued directly to the parent with a follow-up prescription being sent to the pharmacy. After discussion with the provider, it was agreed they would change the process. They would discontinue the practice of providing the prescription direct to the parent, instead ensuring it was sent to the appropriate pharmacy. This would prevent any potential issues of prescriptions being collected twice.

### **Information to deliver safe care and treatment**

## Are services safe?

On registering with the service, and at each consultation patient identity was verified. The clinician had access to the patient's previous records held by the service.

### **Management and learning from safety incidents and alerts**

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

At the time of the inspection there had not been any reported or recorded incidents. We were informed that in the event of an incident, it would be managed in line with the provider's policy and procedures. Any incidents would be shared with the patient steering group to support learning and development of the service.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Assessment and treatment

Information about the service was provided on the provider's website. Parents could then either book an appointment online or contact the service by telephone. When an appointment request was made, the parent of the patient was then sent a request for information form, which included past medical history, current symptoms, any previous investigations and medication. This was made available to the clinician to support a treatment plan. Parents could speak with the patient treatment coordinator over the telephone or via email to find out further details of the service or to discuss any concerns.

We were informed that the initial consultation allocated time was approximately one hour, due to the complexity of the conditions. If a patient required blood tests, either a pack could be sent direct to the parent, or a request made to the child's GP. All test results were then received by the service and reviewed by the clinician. The results were used to formulate a treatment plan.

The clinician could also refer a patient to a range of consultants or specialists as appropriate. Both the parent and the child's GP would receive information should this occur.

We reviewed five examples of medical records that demonstrated that the clinician had assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, which included NICE and treatment guidelines for PANDAS and PANS.

### Quality improvement

The service collected and monitored information on patients' care and treatment outcomes to make improvements.

At the time of inspection the provider had not completed any formal audits but undertook reviews of consultations and prescribing trends. They had presented at national events regarding PANDAS and PANS and had good links to other organisations in those areas. In conjunction with other clinicians, the provider had developed treatment guidelines in relation to those conditions.

### Staff training

Both the clinician and patient treatment coordinator had completed all appropriate mandatory training, which included safeguarding and information governance.

The patient treatment coordinator was due to receive an appraisal. They had access to the clinician on a regular basis and dealt with any issues as they arose.

### Coordinating patient care and information sharing

The service had clear guidelines regarding consent. It was their policy to always share information with the patient's GP to support quality care, treatment and awareness of the conditions. If parents refused consent to share information with their GP, further discussion would be had with the parent to understand the rationale. However, we were informed that no parent had currently refused to give their consent.

Information was always shared with the child's GP regarding treatment plans, prescribed medicines and any initiated tests. A letter was sent to their registered GP in line with guidance.

### Supporting patients to live healthier lives

There was a range of information available on the service website. This included information regarding general paediatric conditions, head injury, febrile convulsions, asthma diabetes, PANDAS and PANS. Any parent who had a concern about their child's health and behaviour could access the service.

If the service could not provide the appropriate care, treatment or support they were signposted either back to their GP or other services.

The Children's e-Hospital provided a HOTPOD® kit, which allowed parents to measure key physical data from a child who might be unwell and check whether the child would need to seek clinical input, such as from a GP or attendance at an urgent care centre. The kit also provided parents the ability to closely monitor their child's health if they were deemed well enough not to be admitted into hospital.

The kit was used in conjunction with a website and an App, which allowed six key pieces of physical data to be obtained. For example, pulse rate, oxygen level, temperature, breathing rate, perfusion (capillary refill time)

# Are services effective?

(for example, treatment is effective)

and mental health. There were clear instructions on the website of how to use the kit, perform the checks and what to do next. We were informed that the kit would be particularly useful in determining the possibility of sepsis.

There were videos available on the service website, showing parents/children how to use asthma inhalers appropriately and check technique.



# Are services caring?

## Our findings

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

### **Compassion, dignity and respect**

We were told that the clinician undertook video consultations in a private room and were not to be disturbed at any time during their working time. We saw the room and noted that it was suitable for the purpose of the consultations.

We were informed that all patients and service users were treated with compassion, dignity and respect.

All parents were asked to complete a satisfaction survey after their consultation. We saw that the survey demonstrated a high satisfaction rate. For example, 90% of service users scored the service 10 out of 10, 10% scored them nine out of 10 and 100% would recommend the service.

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

Potential service users had access to information about the clinician working for the service.

Parents were involved in decisions about their child's care and treatment. Information was given to them in a way they could understand. Information was shared with their GP to support treatment pathways.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs

The service had been established in recognition of a need for parental support with children who may be experiencing symptoms indicative of PANDAS or PANS. Some of these symptoms could often be mistaken for other disorders, such as obsessive compulsive disorder (OCD) or Tourette syndrome. Due to a lack of national pathways and difficulty in parents accessing services easily, the clinician (who was a paediatric consultant) developed the online service.

Prospective service users could contact the service initially through the website, through their social media page or by telephone. They could choose to book an appointment through the online portal at a date and time suitable to their needs. Each parent was provided with an individualised care and treatment plan for their child.

The service was not for emergency requirements and the provider made it clear to parents what the limitations of the service were.

### Tackling inequity and promoting equality

The provider did not discriminate against any client group. However, the service was only available for children aged 0 to 18 years of age, in conjunction with their parent/guardian.

### Managing complaints

There was a complaints policy and mechanisms in place should parents wish to make a complaint. Parents could complain either by email or writing to the service. All complaints would be reviewed and investigated by the provider.

At the time of our inspection the service had not received any complaints. We were assured and informed that complaints would be taken seriously and actioned appropriately.

### Consent to care and treatment

There was a clear consent process and staff were aware of obtaining consent in line with guidance and mental capacity.

On receiving a booking for a consultation, the clinician created a written consent form via specific IT software. The form was then emailed to the parent, who then completed the form and returned it via email. After the consent form had been received, this was indicated on the patient's record.

Parents of older children from the age of 14 years were asked if the child was aware that the consultation was taking place and had agreed to the parent/s talking with the clinician on the child's behalf.

# 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 this service was providing a well-led service in accordance with the relevant regulations.

### **Business Strategy and Governance arrangements**

The service had a Medical Advisory Group (MAG), of which the clinician was the Chief Executive Officer and Clinical Director. The MAG included a paediatrician, GP, health visitor, school nurse, a child nutrition and functional medicine practitioner, nutritional consultant, a safeguarding lead and an advanced nurse practitioner. This group met quarterly to review clinical performance and service delivery. In addition, the service had a Parent Steering Committee, which helped to put the patient at the centre of service delivery.

Both of these groups met several times a year to support governance and the direction of the service.

The Children's e-hospital was also part of the PANDAS physician national network who met quarterly. This network had developed the national treatment protocol for PANDAS. The service also worked closely with the PANS PANDAS UK parent-led charity.

### **Leadership, values and culture**

The clinician had overall day-to-day leadership, however, they also had access to MAG and the steering committee as appropriate.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology.

The values of the service were to provide high-quality care and treatment to their patients.

### **Safety and Security of Patient Information**

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

### **Seeking and acting on feedback from patients and staff**

Parents of children using the service could provide feedback via the request sent to them after a consultation, via the service website or by contacting the service direct.

At the time of inspection all feedback received had been extremely positive.

The service also had a page on a media website which provided information and where parents could ask questions, share experiences and provide feedback of the service.

### **Continuous Improvement**

The service consistently sought ways to improve. All staff, the MAG and parent steering group were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

The Clinical Director informed us of the development of teaching packages to support the education of parents regarding PANDAS and PANS.

At the time of our inspection we were informed the provider was developing guidance and treatment plans for cows' milk protein allergy. The intention was to reduce the length of time to get a diagnosis, obtain treatment and the period of treatment required. Information for parents was already available on the website.