VideoDoc Ltd

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Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

(Previous inspection 28 July 2017, when the service was found to be meeting some areas of the regulations)

We carried out an announced comprehensive inspection at VideoDoc Ltd on 4 December 2018, to follow up on breaches of regulations identified at the previous inspection.

VideoDoc LTD provides a web portal and mobile application allowing patients to consult with a doctor through a secure internet healthcare service. The core focus of the business is the corporate market, providing online health and wellbeing services to employers. This includes confidential on-line video health assessments with a GP and the private prescription of medicines. VideoDoc LTD (videodoc.co.uk) provides services to patients in England. Videodoc LTD also owns VideoDoc Limited (VideoDoc.ie), which is a company based in Ireland who provide the same service to over 1.4 million patients. We did not inspect this service during this inspection. There is a governance team for the UK service and both platforms have separate governance processes. For example, patients are seen by General Medical Council (GMC) registered doctors only on videodoc.co.uk, who follow policies and procedures specific to the UK service only. The online systems, reporting and patient feedback, which were reviewed at this inspection will be referenced in this report.

We found this service provided effective, caring and responsive services in accordance with the relevant regulations. Some improvements are required in safe and well led.

Our findings in relation to the key questions were as follows:

Are services safe? – we found some areas where the service was not providing a safe service in accordance with the relevant regulations. Specifically:

- Although arrangements were in place to safeguard people and staff had received safeguarding training relevant to their role, the provider needed to ensure that the safeguarding policy in place was operating effectively.
- We were not provided with evidence of health and safety risks assessments or action taken to mitigate any risks identified. This was in relation to health and safety assessments, including Display Screen Equipment (DSE) assessments for remote workers.
- Suitable numbers of staff were employed. Recruitment and induction procedures had improved; however, a mandatory training schedule was not in place.
- Prescribing was constantly monitored. The provider needed to implement an integrated prescribing system and ensure safe warfarin prescribing in accordance with their guidelines. The newly implemented policy required a review.
- Arrangements were in place to check patient identity.

Summary of findings

- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient and the patient followed up 24 hours later.

Are services effective? - we found the service was providing an effective service in accordance with the relevant regulations, although in some areas, improvement was required. Specifically:

- The provider had implemented a programme of quality improvement activity, including clinical audit such as prescribing; however, there was no clear evidence of quality improvement following analysis of the audit data collection.
- Although staff received the appropriate training to carry out their role, there were still gaps in mandatory training including information governance and there was no mandatory training schedule.
- Following patient consultations information was appropriately shared with a patient's own GP in line with GMC guidance.

Are services caring? – we found the service was providing a caring service in accordance with the relevant regulations. Specifically:

- The provider carried out checks to ensure consultations by GPs met the expected service standards.
- Patient feedback reflected they found the service treated them with dignity and respect.
- Patients had access to information about GPs working at the service.

Are services responsive? - we found the service was providing a responsive service in accordance with the relevant regulations. Specifically:

- Information about how to access the service was clear and the service was available seven days a week.
- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led? - we found some areas where the service was not providing a well-led service in accordance with the relevant regulations. Specifically:

- There were gaps in governance processes such as mandatory training procedures and health and safety risk assessments for remote workers.
- The service had clear leadership.
- A range of information was used to monitor and improve the quality and performance of the service.
- Patient information was held securely.

The areas where the provider should make improvements are:

- Take action to ensure that the regular audits carried out demonstrate clear evidence of improvement.
- Take action to implement a prescribing formulary of medicines and take action to improve safer prescribing of high-risk medicines and improve the prescribing policy to clarify what medicines the service can provide and ensure that they are audited.
- Implement protocols to notify Public Health England of any patients who have notifiable infectious diseases.
- Consider setting up a United Kingdom advisory group to provide advice on the strategy for improving the quality of care provided by the service.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

VideoDoc Ltd

Detailed findings

Background to this inspection

VideoDoc LTD registered with CQC in June 2016 and started providing services to patients in January 2017. Services were accessed through a web portal and mobile application that allowed patients to consult with a doctor through a secure internet healthcare service. This included confidential on-line video health assessments with a GP and the private prescription of medicines. VideoDoc LTD's aim is to provide a high quality, internet healthcare service which includes confidential on-line health assessments with a medical practitioner and the private prescription of medicines. We inspected the online service at the following address: VideoDoc, International House, Yarmouth Place, Mayfair, London, W1J 7BU, England. At the time of inspection, the provider had applied to change their location.

VideoDoc LTD (UK) owns VideoDoc Limited, whose main patient base is in Ireland where 1.4 million patients access the service. VideoDoc LTD had two directors, a clinical lead, a Human Resources (HR) manager, a GP Recruitment Specialist, five GPs based in the UK and back office support from a care team, graphic designer and marketing colleague.

The service was available to patients from Monday to Sunday, 8am until 10pm. Patients paid a one-off consultation fee or they could subscribe to the service for 12 months at additional cost. A subscription allowed an unlimited number of consultations during the 12-month period.

Patients aged two and over could access the service. However, children under the age of 16 years could only use the service if they were a dependant of an adult already registered. Patients could contact VideoDoc LTD for the following support, care or treatment; diagnosis and treatment of everyday illness, prescription requests, when they are worried about a personal health or medical issue, for a referral or second opinion, to request a sick note, if considering attending A&E for a non-emergency situation, if they were not comfortable talking to their own doctor about a health or wellness problem, when their usual doctor was unavailable or when travelling and in need of medical care.

The Chief Executive Officer was 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.

How we inspected this service

Our inspection team was led by a CQC Inspector, a GP Specialist Adviser, a second GP Specialist Adviser and a member of the CQC medicines team.

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager and members of the management and administration team, including one GP and a Human Resources Manager.

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.

Detailed findings

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 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

At the previous inspection on 28 July 2017, we found the service was not always providing safe care in some areas as the arrangements in respect of patient identity checks for children and guardians/parents, recruitment and induction processes, staff training and prescribing safety were not in place. We issued a Requirement Notice in relation to not meeting the requirements of Regulation 17. At this inspection on 4 December 2018, we found the service had addressed some of the issues identified at the last inspection. However, we found that some arrangements in respect of mandatory staff training and health and safety procedures for remote workers did not meet the regulations.

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and knew the signs of abuse. The provider told us that all staff had access to the safeguarding policies and where to report a safeguarding concern. There was a safeguarding policy in place; however, the policy did not record the safeguarding leads or details of the local contact arrangements. All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification.

The service treated children from 2-18 years, they did not treat children under two years. Children and dependants could only be seen if they were registered under their parent or guardians account up until the age of 16 years. During the consultation of children under the age of 16 years, the parent or guardian also had to be present.

Following the previous inspection findings, the provider had made improvements to carry out patient identify checks especially in relation to children and parents/ guardians. Checks were made to confirm the identity of the patient and accompanying adults when consulting with children and their relationship to the child. Patients including parents/guardians were expected to upload their photo identification such as their passport or drivers licence, to initiate the consultation. Doctors would view this documentation and record the confirmed identity on the patient record. The features of the provider's system included features for patients to upload their photo identification. The provider was in the process of integrating a facial recognition identification system, due to become effective the following year. The provider told us that once a child reached the age of 16 years, they were required to open their own account to have consultation with a GP.

Monitoring health & safety and responding to risks

The clinical lead carried out checks on consultations and prescriptions to ensure that they were appropriate and action was taken to make improvements. This was achieved by using key performance indicators (KPI) to assess waiting times. Consultation and discharge processes were monitored for timeliness. Further training was provided for doctors not meeting their kpi's.

VideoDoc Ltd was located within modern purpose-built offices. The IT system was managed by an external organisation and could be accessed remotely at any time. Patients were not treated on the premises as GPs carried out the online consultations remotely; usually from their home. The management and administration staff for the organisation were based in the offices of VideoDoc Limited in Ireland. We did not see evidence that remote working staff had completed their health and safety training and this was not identified as mandatory training in their induction process. The service told us that they recently implemented Display Screen Equipment (DSE) assessments to ensure their working environment was safe; however, we were not provided with evidence to support this.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event that an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called. There were protocols in place to inform the duty doctor of patients presenting with emergencies. In the event of

emergency occurring during a consultation, the GPs would contact emergency services and they would stay connected to the patient until they arrived. The GPs would follow up with the patient 24-hours later.

While we saw evidence that some clinical consultations would be rated by the GPs for risk, such as patients experiencing suicidal thoughts, we did not see evidence of a risk rating on consultation records; however, we saw that the clinical lead reviewing all consultation records as part of their risk management process. There were protocols in place to inform the duty doctor of patients presenting with emergencies.

We were not provided with protocols to notify Public Health England of any patients who had notifiable infectious diseases.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed, for example, mental capacity act, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

Following the previous inspection findings, the service had made some improvements to ensure that they had a comprehensive recruitment and selection procedures. Since the previous inspection, the provider had recruited a Human Resources (HR) manager, as well as GP recruitment specialists who were responsible for doctor recruitment.

There were a number of checks that were required to be undertaken prior to commencing 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).

Potential GP/Doctor employees had to be currently working in the NHS (as a GP if applicable) and be registered with the General Medical Council (GMC) (on the GP register – if applicable). GPs had to provide an up to date appraisal and certificates relating to their qualification and training in safeguarding. They had to provide evidence of having professional indemnity cover (to include cover for video consultations). The service had negotiated an indemnity insurance policy for all VideoDoc Ltd GPs to provide telemedicine and remote clinical advice.

We reviewed five recruitment files which showed the necessary recruitment documentation was available. The provider kept records for all staff including the GPs and there was a system in place that flagged up when any documentation was due for renewal, such as their professional registration. There was an induction plan in place; however, we were not provided with completed induction records for three of the five records we reviewed. The induction policy in place did not identify what other training apart from the safeguarding training was considered mandatory; for example, the Mental Capacity Act (MCA) training.

We were told that GPs did not start consulting with patients until they had successfully completed several test scenario consultations. There was a training checklist completed for all GPs as well as a training needs analysis.

There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations and a separate IT team.

Prescribing safety

Since the previous inspection, the provider had made some improvements to prescribing safely such as implementing a prescribing policy and updating their prescribing guidelines.

The provider did not have an integrated prescribing system, which would allow them to easily search and identify what a patient had been prescribed. The provider was aware of this issue and a long-term resolution was in place to set up an integrated prescribing system. Meanwhile, prescriptions and dosages prescribed were recorded in the medical records, so the GPs could see what was prescribed if a subsequent prescription was necessary. If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. However, the prescribing policy in place only listed what type of medicines not to prescribe to patients, such as controlled drugs and medicines that required monitoring, meaning that there was a risk that a medicine could be prescribed, and not audited as the policy only covered what not to prescribe.

Are services safe?

The provider's website provided Frequently Asked Questions (FAQs) around what the service could and could not prescribe; for example, high-risk medicines and controlled drugs. There were systems in place to prevent the misuse of these medicines. The provider had an audit system in place to monitor repeat prescriptions every three months. Consultations for patients with more than three repeat prescriptions in a quarter was deemed high-risk. For example, the repeat prescription audit showed that one out of eight patients misused the service regarding over requesting oral contraceptives. Information was shared with the medical director and GPs through the clinical meetings.

When emergency supplies of medicines were prescribed, there was a clear record of the decisions made; however, monitoring was required to ensure that the service contacted the patient's regular GP to advise them before prescribing in some cases. For example, while the service did not prescribe high-risk medicines, they told us that in an emergency, they could prescribe a two-day supply of warfarin only (an oral anticoagulant), after which the patient was told to contact their registered NHS GP and this was inconsistent with their guidelines of not prescribing this medicine.

There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed. After each consultation, the provider would contact the patients registered NHS GP practice to verify that the patient was registered there, before sending them the consultation notes. A log of outstanding information to be sent to NHS GPs was monitored weekly and sent to the care team to follow up with the NHS GP. At the time of inspection, there were no outstanding consultations that required verification.

Once the GP prescribed the medicine and dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell. The provider did not prescribe any off-label/unlicensed medicines; however, this was not recorded in their prescribing policy (Medicines are given licences after trials have shown they are safe and effective for treating a condition. Use of a medicine for a different medical condition that is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks). The provider told us that if an off-label medicine was prescribed, the GP would be responsible for informing the patient.

The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance and carrying out an antibiotic audit. We saw evidence of evidence-based medicines in use, supported by links to NICE guidance.

We were advised that patients could choose a pharmacy where they would like their prescription dispensed. The provider would fax the prescription to the patient's preferred local pharmacy and the prescription would be sent to the customer care team in Ireland to be posted to the UK pharmacy within 72 hours. The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine. For example, once the fax confirmation was received from the pharmacy, the provider would confirm the patient details and availability of the prescribed medicine.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified. The GPs 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. The provider told us that there was only one incident and when we reviewed the incident record, we found that this had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, an at-risk patient who had registered with the service contacted the provider who were able to dispatch emergency services immediately. The provider carried out incident review analysis and significant events were discussed at clinical meetings.

The provider was aware of the requirements of the duty of candour.

We saw evidence that the provider received and acted on patient alerts. The clinical lead would circulate incoming alerts to the clinicians via email and we saw evidence of

this. We saw evidence of drug safety alerts received by the provider but as these alerts related to chronic conditions (which the provider does not prescribe for), no appropriate action was needed to be taken.

Are services effective?

(for example, treatment is effective)

Our findings

At the previous inspection on 28 July 2017, we found the service was not always providing effective care in some areas, including clinical audits, staff training and recording of performance reviews. We issued a Requirement Notice in relation to meeting the requirements of Regulation 17. At this inspection on 4 December 2018, we found the service had addressed some of the issues identified at the last inspection, except for arrangements in respect of mandatory training.

Assessment and treatment

We saw evidence that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice. The provider carried out audits to monitor that staff adhered to these guidelines.

We were told that each video consultation lasted for approximately 15 minutes. If the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again or continue for as long as required where appropriate.

Patients completed an online registration form and they were asked to provide the reason for their visit, any medicines they were taking, any allergies they may have and their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about the consultation and diagnosis. The GPs had access to all previous notes.

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. When a patient needed further examination, they were directed to the emergency service, out of hours service or their NHS GP. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. Routine clinical records audit was undertaken to ensure the GPs were recording consultations in line with the provider policy. The provider had made changes to increase efficiency by creating pathways for 70% of presenting complaints. When the clinical lead reviewed GPs consultations, part of this included assessing adherence to these pathways.

Quality improvement

Since the previous inspection, the provider made some improvements to assess, monitor and improve the quality of patients' care and treatment outcomes.

They took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends. The practice had implemented a comprehensive audit schedule for 2018/19 which was reviewed by the clinical director and findings discussed at clinical and executive meetings. However, when we reviewed their audits, these were single cycle audits and while they demonstrated that they were adhering to evidence based guidelines, there was no clear evidence of quality improvement being implemented and then checked in a second cycle audit.

Staff training

The practice had made improvements to ensure that the GPs had to receive competency training prior to treating patients. For example, they had to complete a minimum of three dummy consultation sessions after they had received an induction into the full process. If further sessions were required, training continued until the GPs were confident enough to proceed onto further training in prescribing guidelines and scope of service. Once all training was complete, the GPs were signed off and ready to carry out their consultations remotely.

The provider told us that each new member of staff had received an induction and a checklist was held in each recruitment file and signed when complete. However, there was no evidence to confirm that induction checklists had been completed for three of the five GPs when we reviewed their files.

The provider had made improvements by implementing an online system that held staff training records and notified them one month in advance of any training expiry dates. However, this system did not specify what training was required as mandatory and there was no mandatory training schedule in place. When we viewed online training records for one GP, we saw that mandatory training such as

Are services effective?

(for example, treatment is effective)

safeguarding, mental capacity act and advanced life support was completed but other mandatory training such as fire and health and safety, as well as information governance training for remote workers was not listed and there was no record to show when this training was due. The provider had also created a doctors training checklist around carrying out consultations, as well as a training needs analysis issued periodically to ensure that there were no gaps in training for consultations not fulfilled. Supporting material was available, for example, a GPs handbook, how the IT system worked and aims of the consultation process. When updates were made to the IT systems, the GPs received further online training.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals before being considered eligible at recruitment stage. At the time of inspection, one GP had received their inhouse appraisal. The provider told us that four of the GPs had been recruited in the last 12 months and appraisals had been arranged to take place during their forthcoming away day.

Coordinating patient care and information sharing

When a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with (General Medical Council (GMC) guidance.

The service monitored the appropriateness of referrals from test results to improve patient outcomes. They told us that they only made referrals to out of hours service and Accident and Emergency. Referrals were not made for blood tests or to secondary care.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support. Patients were referred to NHS websites for information on conditions and self-help. There was a range of information available on the website (or links to NHS websites or blogs). In their consultation records we found patients were given advice on healthy living as appropriate.

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 GPs undertook video consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. For example, the provider used 'mystery shopper' system through a professional company to encourage a high standard of care and highlight issues for further action, including ensuring the GP was following their process of ensuring they were in a suitable setting. This was usually carried out for a new GP or care team member The GP was expected to achieve a minimum score of 80%. Feedback arising from these spot checks was relayed to the GP and formed part of their appraisal. Any areas for concern were followed up and the GP was again reviewed to monitor improvement.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information. At the end of every consultation, patients were sent an email asking for their feedback. Where the patient had expressed dissatisfaction with the service, the care team would discuss this with the patient and offer a coupon where appropriate. The provider reviewed approximately 200 consultations a month and 44% of these patients completed the end of consultation survey. Results showed that 92% of the patients rated the services as excellent or very good and 94% of patients said they were very likely to use the service again.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries.

Patients had access to information about the GPs working for the service and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female GP. The GPs available could speak a variety of different languages.

There were 40 'mystery shoppers' consultations carried out by the provider and one example reviewed on inspection showed that the patient scored the GP 100%, for questions relating to involvement in decisions about their care. Patients had full access to their consultations and discharge summaries, which could be access through their secure accounts. Patents could have a copy of their discharge summary at any time or email this directly from their account to their GP or healthcare provider. There was also an option at the end of the consultation to fax a copy of the patient notes to their registered GP.

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

Consultations were provided seven days a week, 8:00am and 10:00pm but access via the website to request a consultation was all day every day. This service was not an emergency service and patients were informed of this prior to registration on the website. The provider told us that they would seek immediate help via 999 for patients who had a medical emergency and would wait with the patient until emergency services arrived. The GPs would usually contact the patient again within 24 hours. Patients were also advised to contact their own GP or NHS 111.

Patients signed up to receiving this service on a mobile phone (iPhone or android versions that met the required criteria for using the app). The service offered flexible appointments between 8:00am and 10:00pm to meet the needs of their patients.

The provider made it clear to patients what the limitations of the service were. For example, the provider stated in their terms and conditions that they were a complementary service offering the advantages of convenience and accessibility to a broad range of healthcare services and not an emergency service. They also stated that their service was not intended to replace the relationship with a patient's GP.

Patients requested an online consultation with a GP and were contacted at the allotted time. The maximum length of time for a consultation was 15 minutes. However, we were told that GPs were able to contact the patient back at a time that was suitable for the patient if they had not been able to make an adequate assessment or give treatment.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.

Patients could access a brief description of the GPs available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific qualification. Language Line was available for patients first language was not English. Type talk was not available (Type talk is a national telephone relay service which enables people who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network). Where a patient was less able to use IT services, there was a call centre agent who would assist them in setting up their account.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaint system and the provider told us that comments and complaints made to the service were recorded. We did not see evidence of the complaint forms but saw a complaints log that showed the complaints and action taken. The spreadsheet logged four complaints received in the past 12 months.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints and had been communicated to staff.

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. The current terms and conditions document had 35 listed commitments that the patients were expected to adhere to; however, the provider told us that patients were usually required to read the first 11 commitments.

Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced. There were no additional costs to receive a prescription, or for one to be sent to the pharmacy.

Not all GPs had received up to date training about the Mental Capacity Act (MCA) 2005 when they commenced

Are services responsive to people's needs?

(for example, to feedback?)

employment with the provider. However, we saw that the principles of the MCA had been discussed during a clinical meeting with four of the five GPs. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through audits of patient records.

Are services well-led?

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

Our findings

At the previous inspection on 28 July 2017, we found the service was not always providing well-led care in respect of governance arrangements and issued a Requirement Notice in relation to meeting the requirements of Regulation 17. At this inspection on 4 December 2018, we found the service had addressed some of the issues identified at the last inspection. However, we found that some governance arrangements were not provided in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. Their mission statement was to 'deliver the highest standard of healthcare, always with the human touch, in the most convenient way'. We reviewed business plans that covered the next four years. Although there was a medical advisory group set up in Ireland, there was no group for the UK that advised the provider on their strategy for improving the quality of care provided. There was a clear organisational structure and staff were aware of their own roles and responsibilities.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, such as regular significant event review and case review meetings.

Care and treatment records were complete, accurate, and securely kept. However, operational records in relation to policies, mandatory training and induction were not complete. There was a range of HR and service specific policies which were available to all staff including the clinical governance policy and prescribing policy; however, there were some gaps in these processes. For example, the clinical governance policy did not clearly embed safeguarding processes, as part of their annual clinical governance plan. There was no integrated prescribing system and the prescribing guidance required further clarification of what medicines the service could prescribe and safer prescribing was required. We were not assured that all policies such as for mandatory training was documented and the safeguarding policy was operating effectively. We saw evidence of review dates on most policies, except for the clinical governance policy, which did not identify the frequency of policy reviews in its annual clinical governance plan. There was no mandatory training schedule and there were gaps in mandatory training such as basic life support, health and safety, including Display Screen Equipment (DSE) training and fire safety training. The provider had implemented a quality improvement plan; however, clinical audits did not always clearly demonstrate the improvements made.

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at clinical meetings every two weeks and quarterly executive team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

Leadership, values and culture

The Clinical Director had responsibility for any medical issues arising. They attended the service regularly and there was a clear reporting structure with all GPs having direct access to the clinical director. In the absence of the clinical director, the clinical lead could be contacted. The Chief Executive Officer was based full-time in the UK and a second director was based in Ireland. Staff could liaise with the senior management team at any time.

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. This was supported by an operational policy.

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; however, we were not provided with evidence of information governance training for staff. The service could provide a clear audit trail of who had access to records and from where and when. Although the provider was registered with the Information Commissioner's Office, this was not recorded in their information security policy. There were business contingency plans in place to minimise the risk of losing patient data.

Are services well-led?

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

Seeking and acting on feedback from patients and staff

Patients could provide feedback regarding the service they received and were invited to do so at the end of every consultation. For those patients who did not complete the survey, a member of staff contacted them to seek feedback. Mystery shoppers had also provided feedback for 40 consultations in the UK. This was constantly monitored and if fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. For example, patients could rate the service through the website Trust pilot, where they were rated a score of 9 out of 10. Patient feedback was published on the service's website.

There was evidence that the GPs were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

We were not provided with evidence of a whistleblowing policy in place; however, the clinical director was the named person for dealing with any issues raised. Staff we spoke to on the day of inspection told us that they were able to raise any issues and felt confident to do so (A whistleblower is someone who can raise concerns about practice or staff within the organisation).

Continuous Improvement

The service consistently sought ways to improve and we saw evidence of this. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

We saw from minutes of staff meetings where previous interactions and consultations were discussed.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. There were no records of non-clinical staff meetings; however, as the management team and the administration teams, with the exception of the service manager who was based full-time in the UK, worked together at the offices in Ireland, there were ongoing discussions at all times about service provision.

The provider had plans in place to introduce 'Ofinio' automated technology which used facial recognition to confirm identity.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The provider did not ensure effective policies were in place for safeguarding, whistleblowing, health and safety and it was unclear how often policies would be reviewed. • We did not see three of the five completed induction records for the GPs. • There was no defined schedule of mandatory training or when they would be reviewed at appropriate levels during the course of employment. This included basic life support, mental capacity act, information governance, safeguarding training, health and safety and fire safety for remote workers. **This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**