Doctor Care Anywhere

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. (Previous inspection November 2017, when we found the provider was meeting the relevant standards)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Doctor Care Anywhere on 12 September 2019 as part of our inspection programme.

Doctor Care Anywhere provides consultations with GPs via phone or video conferencing. Patients are able to book appointments at a time to suit them and with a doctor of their choice via an online portal. GPs, working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists. Patients are able to access their medical records. The service also provides a health tracking feature which allowed patients to monitor data about their health and track any symptoms.

At this inspection we found:

- The service had proactively worked to increase the level of information sharing with patients NHS GPs. During 2019 an average of 88% of adult and 94% of children's consultation and prescribing records had been shared with their NHS GP. This added to the continuity of patients' lifetime medical record.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser and a member of the CQC medicines team.

Background to Doctor Care Anywhere

Doctor Care Anywhere provides consultations with GPs via telephone and video conferencing for both self-funding patients and employees/members of other organisations with whom the service has contracts in place. Self-funding patients either pay a subscription (monthly or annual plans are available) or purchase a one-off consultation each time they use the service. Consultations with employees of corporate clients and members of insurance companies are funded according to the respective terms agreed with each organisation.

Patients can book appointments at a time to suit them, with a doctor of their choice, via a phone app, or online portal, developed by the service. GPs, working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists. Patients can access notes of their consultations through the online portal. The portal also allows patients to monitor data about their health and track any symptoms; this information is available to consulting GPs as part of the patient's medical record.

Doctor Care Anywhere Limited, the provider, registered with CQC In May 2014. The service registered its current location at: 2nd Floor, 13 -15 Bouverie St, Temple, London EC4Y 8DP in August 2019.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the clinical lead, Registered Manager, GPs and members of the management and administration team.

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.

Good

Are services safe?

We rated safe as Good because:

- There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals.
- There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs.
- All medicines prescribed to patients during a consultation were monitored by the provider to ensure prescribing was evidence based.

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and protocols and how to report a safeguarding concern. However, whilst both protocols contained information to prompt communication with either an adult of child safeguarding team in appropriate circumstances, neither protocol displayed a contact phone number or email address to facilitate ease of contact with an appropriate local authority safeguarding team. During the inspection the service amended and updated both protocols to include appropriate contact details for the local authority safeguarding teams.

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 offered treatment plans for families including children. The service had processes in place to ensure that those who set up accounts for children had parental responsibility for them,

and their policy on access to a child's records was in line with national guidance.

Monitoring health & safety and responding to risks

The service carried out a variety of checks either daily or weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings.

The provider headquarters was located within modern offices which housed the IT system and a range of administration staff. Patients were not treated on the premises as GPs carried out consultations remotely; usually from their home. All staff based in the premises had received training in health and safety including fire safety.

The provider expected all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe.

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. The provider ensured patients provided their location at the commencement of consultations to enable emergency services to be called in the event an emergency occurred during a consultation.

All clinical consultations were rated by the GPs for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention. Consultation records could not be completed without a risk rating. Those rated to be at a higher, or immediate, risk were reviewed with the help of the support team and clinical director. All risk ratings were discussed at weekly clinical meetings. There were protocols in place 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 discussion complaints and significant events.

To avoid any problems associated with callers using withheld phone numbers, the service required patients wanting a phone consultation to provide the phone number on which they wished to be called. The service would then phone the patient at the agreed time to commence the consultation.

Staffing and Recruitment

Good

Are services safe?

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.

The provider had a selection and recruitment process in place for all staff. 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 employees were required to be currently working in the NHS (as a GP) and be registered with the General Medical Council (GMC) (on the GP register, and performers list) with a license to practice. The National GP Performers List provides reassurance for the public that GPs practicing in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service (DBS) and the NHS Litigation Authority.

GPs could opt to be employees, in which case the service provided medical indemnity cover for their work with it. Alternatively, GPs could choose to work on a self-employed basis. Self-employed GPs were required to provide evidence to the service of appropriate medical indemnity cover for their work with the service.

Newly recruited GPs registered with the service had to receive specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed, to ensure all processes had been covered. Supporting material was available to new GPs, including: a GP handbook and training videos which included topics such as how to set up the IT system and how to develop remote consultation skills.

We reviewed five recruitment files which showed the necessary documentation was available. GPs could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the GPs and there was a system in place which flagged up any documentation due for renewal/updating such as their professional registration.

Prescribing safety

All medicines prescribed to patients during a consultation were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, GPs could issue a private prescription to patients. The GPs prescribed from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. The service did not initiate the prescribing of medicines to treat long-term conditions. Where a patient requested a repeat prescription, the service would only provide this once evidence of a previous prescription had been supplied and would only prescribe a maximum of one month's supply. For any medicines prescribed, the service required patients be given clear instructions including:

- Why the medicine was prescribed and the expected benefits;
- How the medicine should be taken, including: the dose, frequency and any other specific considerations;
- The common and significant side effects of the medication.

All prescribing of higher risk medicines, including antibiotics, inhalers, steroids, and off-label prescribing was reviewed at regular weekly virtual clinical delivery meetings, which GPs were encouraged to attend. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a licensed medicine for a different medical condition than is listed on their licence is called off-label use and is a higher risk because limited evidence-based information is available about the benefits and potential risks. There was clear information on the consultation form to explain that the medicines were being used in an off-label manner, and the patient had to acknowledge that they understood this information. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine

Prescribing was actively monitored, with spot checks of 1% of all consultations, plus weekly audits for prescribing of medicines including: inhalers; broad-spectrum antibiotics; steroids; free-text entries on prescriptions; and off-label prescribing. Any prescriptions faxed to a pharmacy were reviewed and co-signed by a member of the clinical management team.

Good

Are services safe?

The service utilised a proprietary service to confirm patient's identity. It had protocols in place for identifying and verifying patients in line with General Medical Council guidance.

We were advised that patients could nominate a pharmacy where they would like their prescription dispensed. Alternatively, the prescription could be dispensed and delivered direct to the patient. There were systems in place to ensure that the correct person received the correct medicine: patients were required to provide identification when collecting medicines from pharmacies, and upon receipt for delivered medicines. The service had a system in place to assure themselves of the quality of the dispensing process.

Information to deliver safe care and treatment

GPs had access to the patient's previous records held by the service.

Some of the service's corporate contracts, and self-funding plans, included use of the service by patients' family members. Patients could set-up profiles for children aged under 18 and could nominate adult family members for membership. If a patient nominated an adult family member to register, the system would send the nominated person an invite to set up their own account. Once set up, the account was linked to the main account holder, but could only be viewed by the person to whom the record related.

The service required evidence of parental responsibility before a child could be registered to use 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. We reviewed six incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example: a patient requiring a face to face review was referred, in line with the service's protocols, to the patients' nearest urgent care facility. When the patient attended there were no doctors available to attend to their needs. Other staff at the facility assisted the patient and directed them appropriately. The service discussed the issue and advised GPs working for the service that in such circumstance's patients should be advised to verify appropriate clinicians would be available at the facility before travelling.

Learning from incidents was discussed with staff in regular weekly meetings, with additional ad hoc meetings called to distribute any urgent learning.

The service had a system in place to assure themselves of the quality of the dispensing process, including to ensure the correct person received the correct medicine.

Good

Are services effective?

We rated effective as Good because:

- The GPs providing the service were aware of both the strengths and the limitations of working remotely from patients.
- The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Assessment and treatment

We reviewed 15 examples of medical records which demonstrated 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.

We were told telephone or video consultations lasted up to 30 minutes. If the GP had not reached a satisfactory conclusion GPs would continue the consultation. The service was developing a system to notify subsequent patients when the GP's current consultation was likely to overrun.

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation which included the reasons for the consultation, with the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed 15 anonymised medical records which were complete records. We saw adequate notes were recorded and the GPs had access to all previous notes when preparing for and conducting consultations.

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. If a patient needed further examination, they were directed to an appropriate agency.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. For example, it had carried out an audit of its prescribing of a particular asthma inhaler as a result of review of the guidelines from the British Thoracic Society and Royal college of Physicians. During the first cycle they reviewed seven criteria, including: whether the patient agreed to information sharing with their NHS GP, and found 65% had agreed to this; evidence of a previous prescription for the same medicine was recorded on 9% of consultations; and inhaler technique reviewed had been recorded on 4% of consultations.

The service reviewed the results of the first cycle and developed prescribing guidelines for the GPs to use as well as sharing the results of the audit with the GPs. On repeating the audit, the service found: 91% of patients had agreed to information sharing with their NHS GP; evidence of a previous prescription for the same medicine was recorded on 30% of consultations; and inhaler technique was recorded as reviewed on 25% of consultations. Whilst it noted the improvements the service reflected that it needed to do more to improve its record-keeping

The service recognised a need to further improve. It updated the prescribing guidelines to include:

- There was to be no urgent prescribing of the inhaler, instead such patient requests would be referred to an appropriate service;
- Where patients refused to share information with their NHS GP the service would not prescribe the inhaler.
- Where a patient requested more than two prescriptions for the inhaler within a six-month period the request was referred to the providers clinical lead for review.

The service undertook to repeat the audit before the end of 2019.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends.

Staff training

All staff completed induction training which varied according to their role within the service. Mandatory training for all staff included: Safeguarding for vulnerable

Good

Are services effective?

adults and children; information governance, GDPR and health and safety. There was a training matrix, overseen by the human resources department, which identified when training was due.

The GPs registered with the service received specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. They also had access to supporting material, for example, a GP handbook, how the IT system worked and aims of the consultation process. There was also a newsletter which was regularly sent out. It included a range of information, including when any organisational changes were made. The GPs told us they received excellent support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, the GPs received further online training.

Coordinating patient care and information sharing

Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, including any relevant test results and their medical history. We saw examples of patients being signposted to more suitable sources of treatment, where this information was not available, to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where a patient refused to agree to information sharing with their NHS GP, the GP had the option to withhold prescribing, except where prescribing was in the clinical interests of the patient. Following risk assessments, the service had determined that certain medicines would not be prescribed in the absence of agreement from the patient to share information about the consultation and prescribing with their NHS GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

We saw evidence extracted from the service's patient records system to show for the period March to September 2019 an average of 88% of adult patients each month consented to information sharing with their NHS GP. During the same period, an average of 94% of children's notes showed agreement to information sharing with their NHS GP. We saw evidence the GPs did not always prescribe medicines where they did not consider it right to do so.

GPs entered the referral information onto the computer system including where the patient wanted to attend. The service used this information to generate a referral letter to the patient's NHS GP which was sent to the patient. The service monitored the appropriateness of referrals/follow ups from test results to improve patient outcomes.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of online information available on the website, including, for example: smoking cessation, advice about healthy lifestyles, alcohol consumption, and sleep advice. The information was prepared by the service and gave a range of advice for each aspect of health covered. The leaflets also contained clickable links to other sources of advice including the NHS website.

Good

Are services caring?

We rated caring as Good because:

- Patient information guides about how to use the service and technical issues were available, and 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.

Compassion, dignity and respect

We were told that the GPs undertook video and telephone consultations in a private room and were not to be disturbed at any time during their working time.

We did not speak to patients directly on the days of the inspection. However, prior to the inspection we asked the service to advise patients of the forthcoming inspection and that they could provide comments about the service to CQC. We received 159 patient feedback comments. Almost all (155) comments were positive about the experience. Patients commented on, for example: the convenience and choice of consultation times which were convenient for them; the option to choose the GP from details of those available; being provided, in advance, with instructions in preparation for video consultation; the GPs were very knowledgeable, professional and polite, made them feel at ease and they felt listened to by the GP. Among the four negative comments, patients complained of: not being prescribed the medicines they wanted but instead being referred to their NHS GP; and a poor-quality phone line during a consultation.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available, and 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 languages, however, patient notes were always recorded in English. The service had access to a commercially available online translation service, patients with hearing difficulties could type, and receive typed information.

At the end of every consultation, patients were sent an email asking for their feedback. We reviewed a patient satisfaction survey for the period December 2018 – February 2019. The service had received 211 responses. Patients had been asked to rate the service on various factors on a scale of one (low) to five (high). We saw that patients had responded, for example: for ease of use of the online portal, responses averaged 4.6 out of five; for quality of advice given 4.6 out of five; and when asked whether they would recommend the service 4.5 out of five. The service had recently, August 2019, reviewed and changed its patient survey in order to: ask clearer questions; to get more insight into how the patient feels about each of the key areas of their interaction with the service; and to ensure it was collecting tangible information to effect product development and service delivery improvements. The new survey questions which were prefaced by “how did we do?”, included: the doctor took the time to listen and gave useful feedback; everything worked well and was easy to use; and how likely are you to recommend doctor care anywhere.

Patients were able to access their patient records by signing in to the service’s online secure portal.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- Appointments were available every day of the year and could be scheduled at any time convenient for the patient.
- The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.
- There was clear information on the service's website explaining how the service worked and what costs applied

Responding to and meeting patients' needs

Patients requested an online consultation with a GP via the service's website or app. They could request an appointment with a specific GP and choose a convenient time slot. When the request was made the patient provided a short summary of their symptoms, which was then sent through to a GP on duty to triage; if the duty GP considered the patient's condition should be reviewed more urgently than their booked appointment, they would be contacted immediately to ensure more appropriate urgent care. If there was no urgent need for an appointment, GPs would contact the patient at the allotted time.

Consultation core hours were between 8:00am and 10:00pm, every day of the year, however, to meet patient needs, appointments were available 24 hours a day. In addition, patients could access the website or app to request a consultation at any time of day or night. The service was not an emergency service, patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The digital application allowed people to contact the service from abroad, however all medical practitioners were required to be qualified to work within the UK and registered with the GMC.

The service was able to deliver medicines via either: delivery direct to the patient, who was required to provide proof of identity on receipt; by electronic prescription to any pharmacy convenient for the patient, where the chosen pharmacy participated in the service's electronic prescribing; or by fax to other pharmacies the patient might choose to nominate.

The provider made clear to patients what the limitations of the service were.

Patients requested an online consultation with a GP and were contacted at the allotted time. Patients could book appointments for either 15 or 30 minutes, however, we were told that GPs never terminated a call where patients required further support, such as patients with mental health issues. The service was in the process of developing a system to automatically alert following patients when a GPs current patient consultation was likely to over-run.

The service regularly audited the duration of consultations to ensure that patients were given sufficient time for their needs to be met.

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. Amongst the options, 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 to support patients who spoke other languages.

Managing complaints

Information about how to make a complaint was available on the service's website. The service had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with complaints. There was escalation guidance within the policy, and there was a specific form for recording complaints. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed nine complaints out of nine 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 explaining 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 make

Good

Are services responsive to people's needs?

enquiries. Self-funding patients could opt to either pay on a by appointment basis or purchase an annual package according to their needs, for example there were individual and family packages available. For employees of corporate organisations and insurance company members, the costs of consultations were covered according to the terms of their respective agreements. Costs of any resulting prescription or medical certificate were handled by the administration team at the headquarters following the consultation.

All GPs and staff had received training about the Mental Capacity Act 2005. 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.

Good

Are services well-led?

We rated well-led as Good because:

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service.
- The service had an open and transparent culture.

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. We reviewed the service's business plan which covered a 12-month period.

There was a clear organisational structure and staff were aware of their own roles and responsibilities, and there was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.

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 weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

Leadership, values and culture

The Clinical Director had responsibility for any medical issues arising. They attended the service daily. There were systems in place to address any absence of this clinician within the clinical management team.

The values of the service were: patient centred, innovation, unity, excellence and integrity; together with its mission statement, from its business plan: to build beautifully designed and easy to use technology to enable the provision of the highest quality healthcare that is truly affordable.

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. The service could provide a clear audit trail of who had access to records and from where and when. It 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

Patients could rate the service they received. This was constantly monitored and if it fell below the service'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 patients could also post any comments or suggestions online.

There was evidence that the GPs could 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.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

Continuous Improvement

The service consistently sought ways to improve. 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.

Good

Are services well-led?

Staff told us team meetings were the place where they could raise concerns and discuss areas of improvement. However, as the management and IT teams worked together at the headquarters there were always ongoing discussions about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. For example, in the last 12 months the service had undertaken three completed, two or more cycle audits, including: an asthma inhaler audit; a steroid prescribing audit; and a non-clinical audit to confirm the presence of up to date anti-virus software on all computers to protect the personal data of patients.