

Doc-OneStop

Inspection report


Unit 2
D S P House, 2 Kettlestring Lane
York
YO30 4XF
<http://www.doc-onestop.co.uk/>

Date of inspection visit: 17/07/2019
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Not sufficient evidence to rate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

Letter from the Chief Inspector of General Practice

We rated this provider as Inadequate overall.

The key questions are rated as:

- Are services safe? – Inadequate
- Are services effective? – Inadequate
- Are services caring? – Insufficient evidence to rate
- Are services responsive? – Inadequate
- Are services well-led? – Inadequate

We undertook an announced comprehensive inspection of Doc One-Stop on 17 July 2019. This service is an Independent Health Service based on the outskirts of York, North Yorkshire and offers online consultations (via a face to face computer system), walk-in consultations, management of long-term conditions, health screening, near patient testing and electronic auriscope, stethoscope and fiberoptic camera examinations. They also dispense prescriptions on the premises. The provider registered in September 2018 and this was the first inspection of the service since its registration with the Care Quality Commission (CQC). This was carried out as part of our inspection programme, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Patients register for the provider on the provider's website and are then offered a remote appointment with a GP. Patients are also able to walk-in to the service.

We rated the practice as **inadequate** for providing safe services because:

- The provider had not given due regard to the health and safety of patients using the clinic; including in respect of fire safety, the calibration of medical equipment, legionella checks, electrical safety and emergency procedures.
- Staff had not been given guidance or training on identifying deteriorating or acutely unwell patients. There was no evidence that they were aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for the safe management of infection, prevention and control.
- The practice did not have a system in place to learn and make improvements when things went wrong.

- Recruitment procedures at the clinic did not keep people safe

We rated the practice as **inadequate** for providing effective services because:

- There was no monitoring of the outcomes of care and treatment.
- The service was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The service was unable to show that it always obtained consent to care and treatment.

We were unable to rate the caring domain as the service had only treated six patients and patient data was not available to us on the day of the inspection.

We rated the practice as **inadequate** for providing responsive services because:

- There was limited information on the provider website regarding fees and the information regarding services available was not clear.
- We were unable to assess the providers processes for consent to care and treatment as clinical records were not available.
- We saw no evidence of consultation with staff or patients with regard to service improvements.
- There were no systems in place for provider engagement with the local and wider NHS to ensure actions are in line with national and local priorities.
- Translation services were not available.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- The service did not have a clear vision, or a credible strategy.
- The overall governance arrangements were ineffective. The service did not have clear and effective processes for managing risks, issues and performance.
- The service did not always act on appropriate and accurate information.

Overall summary

- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- The provider and the registered manager demonstrated a lack of insight and oversight as to the requirements of managing the work to be performed

We found the service to be in breach of Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing of the Health and Social Care Act 2008.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way.
- Ensure sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.

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

(Please see the specific details on action required at the end of this report).

I am placing this service in special measures. We are taking action in line with our enforcement procedures and have urgently suspended the registration of the provider with the Care Quality Commission. The provider has 28 days to appeal this decision.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Providers 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 Doc-OneStop

Background to this inspection

Background

Doc One-Stop is an Independent Health Service based on the outskirts of York, North Yorkshire. They offer online consultations, walk-in consultations, management of long-term conditions, health screening, near patient testing, endoscopy and auriscope procedures and dispense medicines on the premises. The service provides registered medical practitioners to patients, the medical practitioners provide consultation and/or treatment, this may include providing consultations and or treatments remotely, for example via the telephone or internet.

Core opening hours are 12-8pm for booked appointments and telephone and web access from 9am – 12pm. The service is available to over 18's only and access is through the website or by walk-in.

Doc One-Stop also provide pharmacy and NHS Prescription services, which are not regulated by CQC and do not fall into the scope of this inspection. These services are regulated by the General Pharmaceutical Council (GPhC).

We inspected the independent health provider which is known as Doc One-Stop Limited at the following address:

Unit 2 D S P House, 2 Kettlestring Lane York YO30 4XF.

The provider employs staff who work on site including a dispensing assistant. They employ one GP who is also the medical director who works remotely. The provider has had some issues with establishing technology to provide the service and had only seen six patients.

The provider can be accessed through their website:

The provider is available for patients in the UK. they can access the provider by the website from 9am to 8pm, Monday to Friday.

The provider has a registered manager in place. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, they are 'registered people'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider is run.

The provider is registered to provide the regulated activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely.

How we inspected this provider

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the whole team which consisted of the Registered Manager, Director, dispensing assistant, and contracted GP.

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.

Are services safe?

Our findings

We rated safe as Inadequate because:

We found that this service was not providing safe care in accordance with the relevant regulations.

The inspection highlighted serious deficiencies in the quality of care provided which posed a significant risk to the health and wellbeing of patients.

Significant concerns were found in relation to the health and safety of patients and the management of infection, prevention and control. We did not see that safe recruitment procedures were in place or that the provider had considered the importance of safeguarding the welfare of patients who may use the service.

Safety systems and processes

- The service could not demonstrate that staff employed had received training in safeguarding or knew to recognise the types or signs of abuse.
- There was a lead safeguarding officer, but we could not see any evidence that the lead had received adult and level three child safeguarding training.
- All staff had access to the safeguarding policies and knew where to report a safeguarding concern, however the policy was incomplete and had no implementation or review date.

Monitoring health & safety and responding to risks

The provider was located at offices which housed the IT system, staff and the dispensary.

- Patients could be treated on the premises and online consultations were also offered remotely. The provider could not demonstrate that all staff based in the premises had received training in health and safety including fire safety.
- The clinic did not have an up to date fire risk assessment, did not carry out documented checks on smoke alarms, did not conduct fire drills or check that emergency lighting was working properly.
- We were unable to check that systems to ensure patient confidentiality were maintained and that data was stored securely on the record system, as we were told that patient consultations had been recorded in paper form due to problems with technology.

- We asked to review the paper patient records and were told that they were stored in a locked cupboard at the home of the GP off site in London.
- Remote consultations were not reviewed by any other GP and as such it was impossible to ensure appropriate procedures were followed.
- There were no processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. We asked to view an assessment or pathway for patients who may present with urgent conditions but were told there was not one and there was no clinical decision supporting tool in place.
- We saw no evidence that meetings were held with staff, and no evidence of discussion regarding significant events, concerns or complaints.
- The provider had an infection prevention and control policy and an audit form available. This was incomplete.
- There was no evidence that infection prevention and control training had been undertaken by any staff and it was not listed as a topic covered during induction for staff.
- We asked to see cleaning equipment and were told that they did not keep any at the premises. We were told that staff did the cleaning at the location but there were no cleaning schedules or monitoring of cleaning. There was a shared area (with toilet facilities for staff and patients and a kitchen area) with another premises and this was cleaned by contractors employed by the location owner. The provider had no records for the cleaning schedules and monitoring of this cleaning.
- We were told that the technician would take instructions from the remote GP via an online system and this included the use of a fibre optic camera, for example to examine sore throats and the auriscope to examine inside patients' ears. There was no evidence of training in the use of this equipment or of procedures of safe calibration, portable equipment testing, or cleaning of the equipment used.
- The provider told us that if a patient required a procedure such as a blood sample, this would be taken in the toilet area due to the fact that all of the consulting rooms were carpeted, and this was not. We were assured that this had not been necessary yet.

Are services safe?

- We found that there was no defibrillator, oxygen or emergency medicine on site. We requested sight of risk assessments in relation to the decision not to have these on site. Up to date Resuscitation Council guidance was not in place and the provider had not conducted a risk assessment for the emergency medicines or equipment it did not hold.

Staffing and Recruitment

- We were told that a full set of back ground checks were undertaken when staff were recruited, 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).
- There were no logs available of data/recruitment records which included all this information and on the day of the inspection we were only able to view one DBS check.
- There was no evidence of professional indemnity cover (which included cover for online/digital consultations), no up to date appraisals and no certificates relating to staff's qualification and training in safeguarding and the Mental Capacity Act.
- Professionals' registration with their professional bodies was monitored by the provider, we checked this prior to the inspection and found them to be up to date.
- Newly recruited members of staff received an induction plan to ensure all processes and training had been covered, however we found that this process was incomplete.

Prescribing safety

We were unable to review any records where patients had sought an online consultation. Therefore, we could not check whether prescribing was as a result of appropriate assessment.

- We saw no evidence that prescribing was monitored to determine if there were unusual or concerning requests for medication. The provider did not have a policy in place for dealing with requests for medicines which may be liable to abuse or misuse
- The provider did not have a policy of sharing information with patients' NHS GP where prescribing

required information to be requested or provided to a patient's GP. There was no agreed list of medicines that could not be prescribed if consent to share with a patients NHS GP was not given.

- We were told that patient group directions were in the process of being developed but not used yet. Patient group directions allow some healthcare professionals to supply and administer specified medicines to pre-defined groups of patients without a prescription or without seeing a prescriber.
- There was no clear policy on the prescribing of high-risk medicines or medicines that required monitoring. We were informed that the patient would be asked to provide their last test results for the GP, so these could be reviewed, but the decision to prescribe was at the discretion of each individual GP.
- We did not see any measures in place to monitor potential over-ordering of medicines or any measures in place to avoid the risk of duplicating patient records.
- Clinical records were not available to be viewed by the inspection team. We were told this was because the technology was not available to upload patient records and consultations digitally. Therefore, no patient history of prior consultations could be reviewed if the GP was not at his home.
- There was no evidence of referral to relevant guidance or clinical review of repeat prescribing.
- The provider had not taken sufficient steps to ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. For example, the provider was using Camden's guidance for antimicrobial prescribing as opposed to local or national guidance.

Information to deliver safe care and treatment

On registering with the provider, we were told that the identify of each patient was verified. The procedure for this was unclear and staff were unable to access a policy on the providers requirements for safe identity of the patient.

Management and learning from safety incidents and alerts

- The provider could not demonstrate that they acted on safety alerts or medicines and healthcare products regulatory agency (MHRA) alerts. A clinician told us that they had not received information about any alerts from

Are services safe?

the provider and could not evidence that they used up to date evidence-based guidance. This meant that patients could potentially be prescribed medicines or treatment that were unsafe.

- Systems for identifying, investigating and learning from incidents relating to the safety of patients and staff

members were not in place. We saw no evidence that these would be discussed in meetings or that staff would receive information regarding any shared learning.

- The provider did not have a system in place to assure themselves of the quality of the dispensing process (for onsite dispensaries).

Are services effective?

Our findings

We rated effective as Inadequate because:

We found that this service was not providing effective care in accordance with the relevant regulations.

The inspection highlighted serious deficiencies in the effectiveness and quality of care provided which posed a significant risk to the health or wellbeing of patients

The provider at the clinic did not carry out any quality improvement activity.

The service did not monitor consultations or carry out consultation and prescribing audits

We rated effective as Inadequate because:

Assessment and treatment

- We were unable to review examples of medical records to demonstrate that the 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. This was because patient records were held off site.
- The provider had some policies for the management of certain diseases, but these were out of date and we found that some had references for guidance from 2012 (For the management of chronic kidney disease and type 2 diabetes). Most of the policies we looked at had no implementation date or review date.
- The GP at the service was not aware of the General Medical Council's guidance on remote prescribing which highlights both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients.
- We were unable to assess the action that would be taken if the provider could not deal with the patient's request, for example, if this was explained to the patient and a record kept of the decision.

Quality improvement

- The service did not monitor consultations or carry out consultation and prescribing audits.
- They did not monitor information on patients' care and treatment outcomes to improve patient outcomes.

- We saw no evidence that the service was proactively identifying and responding to potential prescribing concerns.

Staff training

The provider told us that all staff received induction training which included, health and safety, basic life support, fire safety and manual handling. We were told that staff also completed other training on a regular basis.

- On the day of the inspection the provider was unable to evidence that training had taken place for any staff.
- Staff did not receive regular performance reviews and there were no records available of any clinical competency/skills checks that had been undertaken.
- The provider did not demonstrate an understanding of the learning needs of staff and a comprehensive record of skills, qualifications and training was not maintained.

Coordinating patient care and information sharing/retention of records

We were unable to assess whether doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history before providing treatment.

- We were told that 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, but there were no clear guidelines for patients who refused to share this information.
- The provider had not risk assessed the treatments they offered.
- They had not identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- We were not assured that staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.

Consent to care and treatment

- The information on the provider's website was not clear with regards to how the service worked and what costs applied.
- The provider was unable to demonstrate that staff who consulted with patients or prescribed medicines had received training about the Mental Capacity Act 2005.

Are services caring?

We had insufficient evidence to rate this domain as we received no patient comment cards and had no other feedback from patients.

Are services responsive to people's needs?

Our findings

We rated responsive as Inadequate because

We found that this service was not providing responsive care in accordance with the relevant regulations.

Although there was website, in which appeared you could book a service, it was so complicated and misleading almost to the point of being risky. The inspection highlighted serious deficiencies in the responsiveness and quality of care provided which posed a significant risk to the health or wellbeing of patients. Information on the providers website was unclear in terms of what service it provided and when a GP was available for consultations.

The service could be accessed through the providers website: <http://www.doc-onestop.co.uk/> where patients could book an online appointment or be signposted to the walk-in service or a more suitable service. The service was available for patients in the United Kingdom and all medical practitioners employed by the service were based in the United Kingdom. Patients could access the provider online from 9am to 8pm, Monday to Friday. This was not an emergency provider, and the website indicated this, however due to the patient walk-in service there was potential for patients to present with urgent conditions with no GP available until after 12pm.

Responding to and meeting patients' needs

- There was information available on the website to demonstrate how the service operated, but it was unclear what the patient walk-in service provided. Patients could access the service by phone from 9am to 8pm, Monday to Friday. Help and support from the service could be accessed either by e-mail or by phone, however the GP was only available from 12pm – 8pm.
- We were told there were no translation services available for patients that may require them.

Managing complaints

- Information about how to make a complaint was available to patients. The provider had developed a complaints policy and procedure, however there was no implementation date or review date on the policy.
- We discussed the complaint system but there had been no complaints documented in the last year, so we were unable to analyse the response and learning from them.
- There was no evidence of any standing agenda items such as concerns or complaints to be discussed at staff meetings.

Consent to care and treatment

- The information on the provider's website was not clear with regards to how the service worked and what costs applied.
- The provider was unable to demonstrate that staff who consulted with patients or prescribed medicines had received training about the Mental Capacity Act 2005.

Are services well-led?

Our findings

We rated well-led as Inadequate because

We found that this service was not providing well-led care in accordance with the relevant regulations.

The inspection highlighted serious deficiencies in the governance and quality of care provided which posed a significant risk to the health or wellbeing of patients. The provider and the registered manager demonstrated a lack of insight and oversight as to the requirements of managing the work to be performed. They had failed to ensure that systems and processes were in place to assess, monitor, and improve the quality and safety of the service provided from Doc-OneStop

We rated well-led as inadequate because:

Systems were not in place to support good governance or management.

- The provider told us they had an evolving and aspirational vision to provide a high-quality responsive service, but this was in infancy and the goals of the provider kept changing without the processes and systems in place for the new models.
- There was an organisational structure, but staff were unaware of their own roles and responsibilities, for example the remote GP was the service lead for infection prevention and control but was based in London.
- Structures, processes and systems to support good governance and management were not appropriate. There was a range of policies, but they were not service specific, were not dated, had no review dates and some information in them was incorrect (for example the waste management policy quoted Huntingdon Road as a location).
- The policies were not all available or accessible to staff, for example, we asked to see the policy for the procedure of identification of a patient, this was not in the policy file or available to view online. We saw no evidence that policies were updated following incidents, publication of new relevant guidance, and patient feedback when necessary.

- We identified that the clinic was not following their own policies to ensure safety and that the clinic was not operating effectively. For example; the clinic was not following their own policies for safeguarding, infection prevention and control, fire, recruitment and training.
- There were no checks in place to monitor the performance of the provider. There were no minutes from meetings available.
- There were inadequate arrangements for identifying, recording and managing risks, issues or for implementing mitigating actions.

Leadership, values and culture

The leaders did not demonstrate that they understood the clinical risks contained in the services they were operating or had the ability to manage or mitigate these risks.

- One of the Directors of the company had overall responsibility as CQC registered manager and was supported by the other Director who was a pharmacist and worked as a locum in various locations. The remote GP was the clinical lead and was based in London and worked as a locum GP. The other member of staff was a dispensing assistant (a staff member not registered with the General Pharmaceutical Council). One of the directors told us that the staff member had an NVQ level 2 qualification in dispensing, however we were unable to see evidence of this at the inspection.
- The provider did not have an effective process in place to develop leadership and skills within the team. We did not see that staff had been supported to develop the appropriate skills necessary to undertake their roles.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- Processes were not in place to enable the clinic to identify, understand, monitor or address current and future risks including risks to patient safety
- Leaders at the clinic could not demonstrate the appropriate management or oversight of all relevant safety alerts
- The provider did not ensure that basic safety measures such as fire checks, legionella assessment and necessary suitable risk assessments in relation to emergency equipment and medicines were in place or effective

Are services well-led?

Safety and Security of Patient Information

- We were unable to assess if systems were in place to ensure that all patient information was stored and kept confidential as the paper records were stored elsewhere.
- The provider registration with the Information Commissioner's Office had lapsed and was renewed on the day of the inspection.

Seeking and acting on feedback from patients and staff

We saw limited evidence of the provider seeking and acting on feedback from patients and staff.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement or innovation.

re services well-led?

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Treatment of disease, disorder or injury
Transport services, triage and medical advice provided remotely.

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Urgent Suspension of Registration

Regulated activity

Treatment of disease, disorder or injury
Transport services, triage and medical advice provided remotely.

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Urgent Suspension of Registration

Regulated activity

Treatment of disease, disorder or injury
Transport services, triage and medical advice provided remotely.

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Urgent Suspension of Registration