

Lemonaid Health HQ

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall.

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 Lemonaid Health HQ on 19 November 2021. This inspection took place as the provider registered with CQC to provide regulated activities in June 2021. This inspection was to assess whether they were meeting the requirements set out in regulations and to provide a rating of the service.

The service provides online doctor (or online medical consultation) services through a pharmacy-branded website. Patients can indicate their needs and these were considered by UK-based clinicians. If prescriptions were issued, they were electronically transmitted to a network of UK pharmacies. Patients could choose the pharmacy where they want to collect their medicines or request delivery by post. If tests were issued, they were delivered by post. 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.

At this inspection we found:

- 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.
- The service design carefully considered how provided information to people about their care and treatment.

We saw one area of outstanding practice:

The provider designed their own clinical system to ensure it was bespoke to their service requirements and considered how it would meet the requirements of the patients they provided care to. This meant that assessments and the recording of patient information was according to the exact requirements of the treatments delivered. The system enabled clinicians to provide extensive information to patients at the point of providing prescriptions via videos and written information. The videos enabled information to be communicated in a personal format.

Action the provider should take:

Overall summary

- Implement and embed changes proposed as a result of the inspection findings including; processes for when GP letters are returned and providing additional information to patients regarding one potential risk identified.

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 inspector and included a CQC Pharmacy Inspector and a GP national (specialist) advisor.

Background to Lemonaid Health HQ

Background

The provider registered with CQC in June 2021 to provide the regulated activity of treatment of disease, disorder or injury. The service prescribes medicines under the brand of a nationwide pharmacy. Their prescribing is undertaken by UK registered clinicians with the expertise to assess patients' needs remotely and ensure the medicines they choose to prescribe are appropriate. They do not stock or dispense medicines themselves.

How we inspected this service

Before the inspection we gathered and reviewed information we requested from the provider in advance. During this inspection we spoke to the Registered Manager, the clinical lead and other members of the leadership team. We also spoke with a prescribing clinician who works at the service. We requested patient feedback via the provider but no patients contacted CQC. We visited the location listed on the provider's registration certificate as part of the inspection.

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?

We rated safe as Good because systems and processes were in place to ensure patients received safe treatment. When incidents occurred they were investigated and learnt from.

Keeping people safe and safeguarded from abuse

Staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse. They had access to safeguarding policies including information on how to make referrals should they have any concerns. We saw from incident reporting that safeguarding concerns were quickly identified and responded to. All the clinicians had received adult and level three child safeguarding training.

The service provided care to people aged 16 and over. There were identification safeguards in place to ensure patients were over 16.

Monitoring health & safety and responding to risks

The provider's headquarters were located at suitable premises. Patients were not treated on the premises as clinicians carried out the consultations remotely. All staff based in the premises had received training in health and safety including fire safety.

The provider had processes to ensure patient confidentiality. Data protection systems were in place and staff conducted any consultations with patients in private.

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 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. All clinical consultations were rated by the clinicians for risk.

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, a significant event led to reviewing safeguarding information available for patients on the provider's website.

Staffing and Recruitment

There were enough staff, including clinicians, to meet the demands of the service and there was a rota for the clinicians. There were support staff available to assist the clinicians.

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/Doctor employees had to be registered with the General Medical Council (GMC) (on the GP register – if applicable) with a license to practice. The provider had a group indemnity cover for all clinicians working at the service.

Are services safe?

Newly recruited clinicians were supported during their induction period and an induction plan was in place to ensure all processes had been completed.

We reviewed the process followed for two staff recruited in the weeks prior to the inspection. The necessary documentation was available. The clinicians 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 clinicians.

Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence-based. If a medicine was deemed necessary following a consultation, the clinicians could issue a prescription to a local pharmacy for patients to collect or the patient can request to have most medicines delivered to their home address. The clinicians could only prescribe from a set list of medicines which the provider had risk-assessed. There were no controlled drugs on this list. When urgent supplies of medicines were required, there was an aim to write the prescription and send it to the pharmacy within two hours.

Once the clinician prescribed the medicine, 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. This was done in the form of written information, but also a video was sent to the patient from the clinician who prescribed the medicine. This included information on the prescription.

Antibiotics were only prescribed for very specific conditions and the service used National Institute for Health and Care Excellence (NICE) guidance when prescribing them. Specific training on prescribing antibiotics was provided to clinical staff.

The service prescribed limited off-label medicines. The provider reviewed the information available to patients regarding off-label medicines and ensured that patients could understand what this meant regarding their prescriptions. There was one example of a service where this information could have been shared more clearly and, as a result of the inspection, the provider changed how they shared this information. Off-label medicines means those that have a license for treating specific conditions, but they can be used for treating other conditions although no license has been issued for other uses.

Any prescribing which indicated risks to patients were assessed and responded to as appropriate. For example, safeguarding referrals had been raised as a result of indicators of potential abuse from patient requests.

There were protocols in place for identifying and verifying the patient to ensure there was no misuse of prescription requests.

The service did not dispense medicines. They issued prescriptions to a nationwide pharmacy who dispensed the medicines to the patient. Patients could choose the most convenient local store to pick their medicine up from or the pharmacy could post the medicine to the patient.

Information to deliver safe care and treatment

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

Management and learning from safety incidents and alerts

Are services safe?

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed the incidents log and minutes from meetings where the incidents had been discussed. We found that incidents had been fully investigated, discussed and as a result action taken in the form of a change in processes. For example, clinicians were reminded to carefully review test results and resulting prescriptions from any tests to ensure patients received accurate information and the correct treatments they required as a result.

We saw evidence from complaints and incidents which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

Are services effective?

We rated effective as Good because patients' needs were assessed and their care was monitored to ensure it was effective. Staff were knowledgeable and skilled.

Assessment and treatment

We reviewed medical records and found appropriate recording of patients' assessments. Clinicians 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) guidance. Prescribers were assessed to ensure they understood the conditions and medicines they were prescribing. Nurse prescribers and pharmacist independent prescribers were checked for their individual competencies and matched to or only allowed to consult with patients for the conditions they could treat.

Initial assessments were undertaken through an online webform. If the clinician had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

Patients completed an online form to outline their conditions or needs and this required 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 past medical history and diagnosis. We reviewed examples of medical records and found appropriate assessments were recorded.

The clinicians 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 provider designed their clinical system to ensure it was bespoke to their service design and would meet the requirements of the patients they provided care to. The system enabled communications with patients at the point of providing prescriptions which provided extensive information via videos from clinicians who worked for the service and written information. The videos enabled in-depth information to be communicated in a personal format. Additional information could be obtained by patients if they requested it.

There were risks assessments for the medicines prescribed. These provided processes for prescribing these medicines safely and within guidelines. For example, a weight loss medicine had a risk assessment which indicated appropriate usage and when this medicine should not be prescribed.

We found one area of prescribing where information for patients at the point of prescribing did not contain all the associated risks with taking the medicine. The provider updated the risk assessment patients had to undertake in order to receive this medication immediately following the inspection.

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.

Are services effective?

- We reviewed several audits of prescribing safety. An asthma audit included a review of those patients flagged as having poorly controlled asthma. They were analysed to see how many were called or messaged to discuss their asthma control before prescribing took place. Of the 22 patients identified, 10 were identified as not having any discussion or information provided to them about their asthma. The service attempted to call these patients as a result of the audit, to identify if their asthma management had improved or if they needed more support. The provider managed to reach five patients to discuss their asthma.
- Clinicians had a review of their first 20 to 30 prescriptions to assess the quality of their prescribing.

Staff training

All staff completed induction and regular update training which consisted of a range of subjects including safeguarding, information governance, and the Mental Capacity Act (2005). The service had a training matrix which identified when training was due. The clinical lead had implemented a bespoke training package for clinicians to ensure their skills and knowledge enabled safe and effective prescribing.

Clinicians received an induction including the requirement to undertake extensive training. They were also required to undertake reviews of their prescribing and assessments.

Staff were supervised in their roles to ensure they felt supported and enabled to provide safe and effective care to their patients. There was a probationary period for staff which we were informed would end with appraisals and an end of probation assessment.

Coordinating patient care and information sharing

The provider had risk assessed the treatments they offered. Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines 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. The provider had identified medicines that were not suitable for prescribing more than once if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to 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. The service had not considered what action they would take in the event of a GP letter being returned, for example the patient had provided an incorrect GP practice's details. The provider put a system for follow up in place immediately following the inspection as a result of this finding.

The provider had processes for referring patients to appropriate services and monitored this system.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and would recommend other services where appropriate. They had information available on the website regarding the conditions they prescribed treatments or tests for. When prescribed medications, patients received information about the conditions. For example, when men were prescribed medicines for erectile dysfunction they were sent information about potential causes and indicators of related risks such as high blood pressure and alcohol consumption.

Are services caring?

We rated caring as Good because patients were treated with dignity and respect. Their privacy was considered.

Compassion, dignity and respect

Clinicians undertook consultations in private. The provider risk assessed staff home working environments to ensure the clinicians were complying with the expected service standards.

Patient feedback from the provider's monthly survey report from October 2021, showed a 93% satisfaction rating from patients who received treatment. This included feedback regarding whether patients felt comfortable receiving medical care from the service. The provider also sought feedback from patients whom the service was not able to meet requests or provide care to. This satisfaction rate was 57%.

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 clinicians working for the service. There was choice provided for patients such as preferring a male or female clinician.

The latest survey information available was from nearly 2000 patients, 92% of those who received treatment were satisfied with the information they received about their care.

Are services responsive to people's needs?

We rated responsive as Good because individual patient needs were assessed and planned for and their feedback was valued and used to identify improvements.

Responding to and meeting patients' needs

The service enabled patients to access their care via a website consultation form and where required phone consultations took place. This 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 access the service at any time. All practitioners were required to be based within the United Kingdom. Any prescriptions issued were obtainable from a network of UK pharmacies which patients could choose.

Flexibility was offered to patients in terms of when consultations could be held and where they could pick up their prescriptions from. The provider made it clear to patients what the limitations of the service were.

Video consultations were available to discuss certain conditions. There was no time limit on consultations.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee. The provider assessed the accessibility of their website to ensure people could access the services, limiting barriers such as complicated language and information.

Patients could access a brief description of the clinicians available.

Managing complaints

Information about how to make a complaint was available to patients. 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 noted that comments and complaints made to the service were recorded. We reviewed four complaints on the provider's log and one complaint outcome. They were responded to appropriately. The complaint log noted areas of action the provider had identified as a result of the feedback.

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.

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.

Are services responsive to people's needs?

All clinical 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. The provider had a process for staff to follow in the event that a patient potentially lacked capacity to consent to care. The patient questionnaire used for assessing people's needs also included an assessment of capacity. The provider informed us of one instance where a patient was identified as having significant learning disabilities and therefore this had to be assessed.

Are services well-led?

We rated well-led as Good because there were appropriate governance systems in place. Leaders promoted an open and transparent culture where learning and quality improvement was valued.

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. The provider worked closely with its pharmacy partner.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff.

There were a variety of audits and 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 identify systematic improvements and learning outcomes for clinicians.

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 leadership team included clinical oversight and the organisation focussed on providing clinically safe and effective care.

The service had an open and transparent culture. Staff told us they could raise concerns and they would be listened to. Incident reporting was open, detailed and there was evidence of learning when things went wrong. Areas we discussed with the provider during the course of the inspection where they could potentially identify improvements were considered and treated as learning.

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 provider 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

Patient feedback was encouraged through surveys and when complaints were received they were valued. We saw when patients raised concerns their complaints were investigated and responded to.

There was evidence that the clinicians could provide feedback about the quality of systems operated and their feedback was considered. There were regular quality improvement meetings, including incident, complaint and staff feedback reviews. Daily staff meetings took place to enhance staff communication.

Are services well-led?

The provider had a whistleblowing policy in place. (A whistleblower is someone who can raise concerns about practice or staff within the organisation.) This included how to escalate concerns internally and externally when appropriate.

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 learning and quality improvement needs were discussed.

We saw areas where improvements had been identified and made. For example, the service had identified a potential area of concern regarding guidance in the British National Formulary (BNF), which provides evidence-based direction on prescribing. The service's clinical lead contacted the British Association of Dermatologists for clinical advice on the issue to propose potential changes to the guidance from BNF. This demonstrated that the provider was actively working in the interests of appropriate patient care and prescribing.