

PrivateDoc Limited

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

We rated this service as Inadequate overall. At the previous inspection in July 2019, the service was rated as Inadequate.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection of PrivateDoc Limited on 10 May 2017 and found that the provider was not providing safe, effective and well led care in accordance with the requirements of the Health and Social Care Act 2008. We issued Requirement Notices and a Warning Notice to the provider to drive improvement.

We undertook a desk-based review on 3 August 2017 to check that the provider had followed their action plan and to confirm that the requirements of the Health and Social Care Act 2008 had been met following our Warning Notice. Following the review on 3 August 2017, we found that the provider had responded appropriately to our findings and had met the requirements set out in our enforcement action.

We carried out an announced comprehensive inspection on 25 January 2018 and found the improvements made had been embedded and the provider had met all of the standards.

We carried out an announced comprehensive inspection at PrivateDoc Limited on 1 July 2019. Following that inspection, CQC received a number of concerns raised by an individual via our National Customer Service Centre and following a review of those concerns, it was decided to carry out a second announced visit on 15 July 2019 as part of this inspection. At this inspection, we imposed urgent conditions on the provider's registration, in relation to breaches of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). We carried out an announced comprehensive inspection at PrivateDoc Limited on 26 February 2020. This inspection was to follow up on the breaches of regulation we found at the previous inspection, carried out in July 2019.

Details of the previous inspection and reports can be found by following the links for the provider at .

PrivateDoc Limited was originally established in 2012 to provide an online service that allows patients to request prescriptions through a website. Patients are able to register with the website, select a condition they would like treatment for and complete a consultation form. This form is then reviewed by a GP and a prescription is issued if appropriate. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy (which we do not regulate) for the medicines to be supplied.

At this inspection, we rated the provider Inadequate for providing safe services because:

- The provider's process for completing patient identification checks had been improved since the previous inspection. However, we found evidence that the provider had manually approved a patient's prescription request without a fully verified identification.
- We found patient records were not always complete and the provider told us that not all patient contacts were recorded.
- The provider could not provide assurance that the named account holder was the person receiving and using the order and the provider had no system in place to ensure the facility of using an alternative delivery address kept patients safe.
- The provider told us there were no processes or procedures to manage or respond to emergency medical situations in the event a patient presented with an emergency situation.

At this inspection, we rated the provider as Inadequate for providing effective services because:

- There was no documented evidence or audit trail of the clinician's rationale for approving each prescription request. This was raised as a concern during our July 2019 inspection visit.
- The service's quality improvement program was newly developed and in its infancy. We found improvements had not always been made where areas of poor performance had been identified.

Overall summary

- The service's consultation review process was ineffective and failed to highlight issues and concerns which we found on the day of the inspection. This was raised as a concern during our July 2019 inspection visit.
- There was no formal process for contacting and reviewing patients who were on medicine for weight loss and who had not achieved the manufacturer's suggested weight loss.

At this inspection, we rated the provider as Good for providing caring services because:

- The provider was rated as "Excellent" and five stars from 2,429 reviews online. Recent reviews included compliments on the speed of the consultation process and delivery.

At this inspection, we rated the provider as Requires improvement for providing responsive services because:

- We found the process for managing and responding to complaints was not entirely effective.

At this inspection, we rated the provider as Inadequate for providing well-led services because:

- We found the provider had not acted upon all of the concerns identified during our July 2019 inspection visit.
- We found there was not effective governance structures and systems in place.
- There were minimal checks in place to monitor the performance of the service and we found the provider's review process of consultations was ineffective.
- Care and treatment records were not complete or always accurate and did not contain information on the decision-making process of the clinicians.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Continue to review and improve systems to conform with General Pharmaceutical Council guidance on prescription only medicines.
- Implement systems to ensure side effects for each prescribed medicine are correctly listed during the patient self-declaration.

This service was placed in special measures in July 2019. Insufficient improvements have been made such that there remains a rating of inadequate for safe, effective and well-led services. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 second CQC inspector, a GP specialist adviser and a member of the CQC medicines optimisation team.

Background to PrivateDoc Limited

PrivateDoc Limited offers a digital service providing patients with prescriptions for medicines that they can obtain from the affiliated registered pharmacy. We inspected the digital service at the following address: Unit 7, Wharfside House, Prentice Road, Stowmarket, Suffolk, IP14 1RD.

PrivateDoc Limited was originally established in 2012 to provide an online service that allows patients to request prescriptions through a website. Patients are able to register with the website, select a condition they would like treatment for and complete a consultation form. This form is then reviewed by a GP and a prescription is issued if appropriate. The GPs were sub-contracted. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy (which we do not regulate) for the medicines to be supplied.

The service can be accessed through their website, www.privatedoc.com, where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Patients of the service pay for their medicines when making their on-line application.

A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

On our visit, before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff
- Reviewed organisational documents.
- Reviewed patient records.

We did not speak with any patients as part of the inspection, but reviewed feedback collected by the provider and patient contacts directly to CQC.

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

At the previous inspection, we rated the provider Inadequate for providing safe services because:

- The provider's process for completing patient identification checks was ineffective and we could not be assured the prescriptions were being issued to and delivered to the named account holder.
- We found evidence that the provider had knowingly ignored patient identification concerns and proceeded to prescribe to patients whom they knew were not the named account holder.
- We found flaws in the provider's system which allowed patients to overwrite their initial height, weight and body mass index when requesting weight loss medicines.
- We found the provider did not clearly document the rationale for approving or declining prescription requests, including when prescribing medicines off license and there was no evidence of discussions with the patient to advise them of the off license prescribing.
- The provider did not have a process for recording, handling and sharing learning from safety incidents. The provider told us they did not have any safety incidents since starting services, however, we found this was not the case.
- We found that staff recruitment checks were not always completed.

At this inspection, we found some improvements but still rated the provider Inadequate for providing safe services because:

- We found the provider had not made improvements to address all the concerns noted in our previous inspection report and during this inspection we identified a number of new concerns.
- The provider's process for completing patient identification checks had been improved since the previous inspection. However, we found evidence that the provider had manually approved a patient's prescription request without a fully verified identification.
- We found patient records were not always complete and the provider told us that not all patient contacts were recorded.

- The provider could not provide assurance that the named account holder was the person receiving and using the order and the provider had no system in place to ensure the facility of using an alternative delivery address kept patients safe.
- The provider told us there were no processes or procedures to manage or respond to emergency medical situations in the event a patient presented with an emergency situation.

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and knew the signs of abuse. All staff had access to the safeguarding policies and knew how to report a safeguarding concern. All the GPs had received adult and child level three safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification. We reviewed a recent safeguarding report the provider had undertaken and found the provider had taken appropriate and timely action to respond to the concerns.

The service had a safeguarding policy and did not provide regulated activities to children.

Monitoring health & safety and responding to risks

The provider headquarters was located within modern offices which housed the IT system. Patients were not treated on the premises as GPs carried out the online consultations remotely; usually from their home.

The provider expected that 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.

The service was not intended for use by patients with either long term conditions or as an emergency service.

A clinical meeting was held with staff, where standing agenda items covered topics such as service issues, case reviews and clinical updates. We saw evidence of meeting minutes to show where these topics had been discussed.

Staffing and Recruitment

There was enough staff, including GPs, to meet the demands for the service. There was a medical director,

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prescribing GP, a GP employed to complete consultation reviews and a separate IT team. The prescribing doctors were paid on a per consultation basis and were not incentivised to approve consultations by receiving a set payment for every consultation reviewed, including those rejected.

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 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.)

At the previous inspection, the service could not evidence recruitment and staffing checks and processes were always completed. At this inspection, the provider told us they had reviewed their recruitment processes to ensure appropriate checks were undertaken. We reviewed the provider's recruitment policy and the personnel files of a recently recruited non-clinical member of staff and found all of the relevant recruitment and staffing checks had been completed. We found the provider had also implemented a checklist that required two directors to sign off a new starter on the basis that the new recruitment process had been followed appropriately.

Potential GP employees had to be currently working in the NHS, be registered with the General Medical Council (GMC) and on the National Performers List. They had to provide evidence of having professional indemnity cover, and up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Prescribing safety

Medicines were prescribed to patients from online forms which were monitored by the provider to ensure prescribing was evidence based. Patients selected a medicine from a set list which the provider had risk-assessed. There were no controlled drugs on this list. The service did not prescribe medicines for use in an emergency and had recently discontinued emergency contraceptive medicines. Every request was reviewed by a GP who could contact the patient for further information. If the request was approved the GP could issue a private prescription which was dispensed by the affiliated pharmacy.

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. Patients were requested to electronically sign via a tick box during the consultation process that they had read and understood the potential side effects of their medicine. We observed the list of side effects of a weight loss medicine did not include dizziness despite this being a recognised side effect. The provider acknowledged this was required to be added. Following the inspection, the provider told us they had updated the side effects to include dizziness in addition to making improvements to how patients are able to access side effect information when they have commenced their treatment.

Some medicines such as oral contraceptives and medicines for erectile dysfunction could be ordered on repeat prescription. There were limits on the number of repeats and the review period for each condition, after which the patient was required to complete a full consultation questionnaire before a further prescription was issued. Other conditions such as weight loss required a full questionnaire for every order.

The service did not prescribe any medicines which required routine blood tests.

The service offered weight loss medicines including one administered by injection. Patients updated their weight and other information each time they requested a prescription, and this information was available to the doctor in graph form, to allow them to monitor progress. At the previous inspection we found patients were able to update their height and weight to amend their BMI score prior to the consultation record being reviewed by a GP. At this inspection, we found the provider had taken action to ensure patients were unable to do this.

After the first prescription of the injectable product, the provider contacted the patient to see if they were managing the injections, whether there were any side effects and whether the medicine was effective. However, we found patient records were not always complete and the provider told us that not all patient contacts were recorded. We observed two recorded telephone calls where patients raised concerns in relation to side effects from their weight loss injections. The staff member who took the call advised the patients to cease using the medicine; but

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this was not recorded on the patient's records and therefore GPs reviewing future prescription requests would be unaware of this advice or the side effects highlighted by the patients.

The provider did not have systems and processes in place to manage medical emergencies arising from treatment they had prescribed. We found a case where a patient contacted the provider to notify them of potentially serious side effects they had been experiencing in the days previous to their contact from their prescribed medicine. An attempt was made by the provider to contact the patient via telephone, however as this was unsuccessful a subsequent email from the provider was sent requesting a suitable time to call them. In that email, they were not given adequate clinical advice to stop the medicine or seek emergency medical help in the meantime. The provider accepted the patient should have been advised to seek medical help at that point.

Prescriptions were dispensed by an affiliated pharmacy and distributed by a courier service. We did not inspect the pharmacy as part of this inspection as this was not regulated by CQC. The service had a system in place to assure themselves of the quality of the dispensing process. Patients could track the progress of their order using their secure account. We found four examples where patients had requested an alternative delivery address to the verified address on the patient's account. In one instance, a patient contacted the provider to request that their prescription was delivered to their neighbour. This was authorised by the provider who advised that delivery addresses could be changed at any time. The provider could not provide assurance that the named account holder was the person receiving and using the order and the provider had no system in place to ensure the facility of using an alternative delivery address kept patients and other people safe.

Information to deliver safe care and treatment

On registering with the service, the provider had processes to verify patient identity. At the previous inspection we found that these processes in place were not effective. At this inspection, the provider told us they had strengthened

their identity checking processes by ensuring any registration details which were not a complete match with the identity checking software were manually followed up and photographic identification documents would be requested from the patient. The provider told us prescriptions would only be issued to patients with a fully confirmed identity.

At this inspection we found a patient failed the automatic identity check and submitted a document which did not include all of the provider's specified requirements (name, photo, address, date of birth). Despite the fact the patient's date of birth was missing from the document, the identity check was approved by one of the directors. This raised the question as to whether documents were being properly checked by directors. The provider told us this had occurred prior to a final set of changes which were implemented to enforce a consistency check of identity documents. This meant that the consultation record of the patient was processed, and the patient's prescription was delivered to them. A repeat prescription order was submitted by the patient on the day of the inspection; the system had identified the lack of verification of the patient's date of birth and the provider told us they would follow this up with the patient and not issue further prescriptions without further verification.

Management and learning from safety incidents and alerts

At the previous inspection, we found there was no systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. At this inspection we found the provider had implemented a policy and process for managing safety incidents and alerts.

The service received medicines safety alerts which were reviewed by a pharmacist and shared with clinical staff. Since the previous inspection, the provider had taken action and the alerts received were now documented consistently in line with the provider's policy. The alerts were documented on the provider's clinical system and shared with all staff.

Are services effective?

At the previous inspection, we rated the provider as Inadequate for providing effective services because:

- We found patients were prescribed medicines despite fluctuating Body Mass Index (BMI) entries made by the patient in short periods of time.
- We found patients were provided with clinical advice by a non-clinical member of staff who had received no prior training on the medicines they were providing advice for.
- There was no documented evidence or audit trail of the clinician's rationale for approving or declining each prescription request.
- The service did not have evidence of any quality improvement systems.
- The service's consultation review process was ineffective and failed to highlight issues and concerns which we found on the day of the inspection.

At this inspection, we found some improvements but rated the provider as Inadequate for providing effective services because:

- We found the provider had not made improvements to address all the concerns noted in our previous inspection report and during this inspection we identified a number of new concerns.
- There was no documented evidence or audit trail of the clinician's rationale for approving each prescription request. This was raised as a concern during our July 2019 inspection visit.
- The service's quality improvement program was newly developed and in its infancy. We found improvements had not always been made where areas of poor performance had been identified.
- The service's consultation review process was ineffective and failed to highlight issues and concerns which we found on the day of the inspection. This was raised as a concern during our July 2019 inspection visit.
- There was no formal process for contacting and reviewing patients who were on medicine for weight loss and who had not achieved the manufacturer's suggested weight loss.

Assessment and treatment

Patients completed an online form which included their past medical history. There was a set template for each medicine requested for the consultation that included the

reasons for the consultation. If the GP had not reached a satisfactory conclusion, there was a system in place where they could contact the patient again for further information.

We found in all consultations records we reviewed, there was no documented evidence or audit trail of the clinician's rationale for approving each prescription request. This was raised as a concern at our July 2019 inspection and was included in the notice of decision to impose urgent conditions. Since the previous inspection, the provider had started to record the decisions to reject prescription requests, however there was no rationale recorded for approved requests.

We reviewed patient consultation records and found there was an inconsistent approach to contacting patients who had not achieved the manufacturer's suggested weight loss. The provider told us patients would be contacted regularly to advise of this and treatment would cease if there was no impact, but there was no formal process in place. We found this was inconsistent and patients were not always contacted. We observed one patient who had been using the weight loss medicine for over 12 months and their weight fluctuated without sustaining weight loss, this patient was allowed to continue treatment against the manufacturer's guidance.

At the previous inspection we found patients were provided with clinical advice by a non-clinical member of staff who had received no prior training on the medicines they were providing advice for. At this inspection we found the provider had ensured that clinical advice was only provided by clinical members of staff. However, this clinical advice was not always recorded in the patient's records.

The service had a system in place to review 7% of consultation records and employed an independent GP. We found this system was ineffective and failed to highlight issues which we found on the day of the inspection.

Quality improvement

At the previous inspection, we found the service did not have evidence of any quality improvement systems such as audits resulting in changes made to support the quality of care provided. At this inspection we found the provider had started to commence a program of quality improvement activity. The provider told us and we saw through meeting minutes that audits and quality improvement tools were discussed during management meetings.

Are services effective?

However, we found improvements had not always been made where areas of poor performance had been identified, such as members of staff not announcing themselves to patients during telephone conversations. In addition to this, we found the quality improvement program had failed to ensure the service identified areas of poor performance which impacted on outcomes for patients.

Staff training

We found the provider had implemented a new induction process since the previous inspection. We reviewed the personnel file of a recently recruited member of staff and found they had completed training relevant to their role.

All the GPs were required to have received their own General Medical Council appraisal before being considered eligible at recruitment stage. The provider ensured these appraisals were completed during the recruitment and supervision process.

Coordinating patient care and information sharing

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 created a system which allowed patients to pick their GP practice from a list or map based upon their postcode in order to try and encourage patients to consent to sharing information. Patients selected a medicine from a set list which the provider had risk-assessed. There were no controlled drugs on this list. The service did not prescribe medicines for use in an emergency. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. We found there was no clear risk assessment in place relating to when it would be appropriate to decline to prescribe in the event of a lack of consent to share information about the prescribing with a patient's GP.

The service did not prescribe any medicines which required routine blood tests and did not offer any medical tests or referrals.

Supporting patients to live healthier lives

The service had a range of information available on the website (or links to NHS websites or blogs). Each medicine available on the website was accompanied with additional information provided by the GP or medical director.

Are services caring?

At the previous inspection, we rated the provider as Inadequate for providing caring services because:

- We found only patients who had been successful in obtaining a prescription were automatically offered to provide feedback via TrustPilot and patients who had been declined were not offered the opportunity to do so. The service had no other evidence of patient satisfaction.

At this inspection, we rated the provider as Good for providing caring services.

Compassion, dignity and respect

We were told that the GPs undertook online 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, we received contact from patients prior to the inspection and we reviewed online patient reviews. At the end of every approved consultation, patients were sent an email asking for their feedback through TrustPilot.

Patients told us of their satisfaction with the service including how they felt the service operated a quick, discreet and respectful service. However, one patient contacted us and informed us of difficulties they encountered when trying to receive their prescribed medicine. The patient told us of difficulties with the delivery service and they had complained to the provider directly but not received a satisfactory response.

Involvement in decisions about care and treatment

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

Patients had access to information about the clinician who reviewed their consultation record. Patients were able to access their consultation records through their personalised online account on the provider's website.

The provider was registered on TrustPilot and encouraged patients to provide feedback. The provider was rated as "Excellent" and five stars from 2,429 reviews. Recent reviews included compliments on the speed of the consultation process and delivery.

At the previous inspection, we found only patients who had been successful in obtaining a prescription were automatically offered to provide feedback via TrustPilot and patients who had been declined were not offered the opportunity to do so. At this inspection the provider told us due to TrustPilot's configuration it was not possible to invite all patients to provide feedback.

However, the provider had undertaken a patient survey and invited all patients, including those who had a consultation rejected, to respond. The provider received 218 responses to the survey with the vast majority of patients providing positive feedback about the service. Following analysis of the survey results, the provider implemented an action plan to drive improvements. The provider told us they intended to run regular surveys to establish if changes made had led to improvements in patient satisfaction.

Are services responsive to people's needs?

At the previous inspection, we rated the provider as Inadequate for providing responsive services because:

- Patients were not provided with the reasoning for any prescription rejection which meant that patients were not given any advice or information on why they were not suitable for treatment.
- The process for recording, handling and learning from complaints and feedback was not effective. Of the complaints that we reviewed, we were unable to review a complete cycle of the complaint and review both the initial complaint and response. In addition to this, complaints were responded to informally and no escalation routes were provided to the patient.

At this inspection, we found some improvements but rated the provider as Requires improvement for providing responsive services because:

- We found the process for managing and responding to complaints was not entirely effective.

Responding to and meeting patients' needs

Access via the website to request a consultation was available all day every day. This service was not an emergency service. Patients could access the service through a desktop computer, laptop or mobile phone device.

The digital application allowed people to contact the service from abroad, but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to the patient's registered address.

The provider offered free next day delivery on all prescriptions and advised that orders approved prior to 2pm would usually be dispensed on the same day.

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. Consultations were only available in English, however, the website could be translated into other languages.

Patients could access a brief description of the GPs available.

Managing complaints

Information about how to make a complaint was available on the service's website. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint.

Since the previous inspection the provider had made changes to their complaints policy and procedure. The provider told us they recorded all reviews on TrustPilot rated as three or below as a complaint and would contact the patient for further information.

We reviewed recorded telephone conversations and found one patient was extremely dissatisfied with the service and requested to cancel their order. This patient was not offered the opportunity to make a complaint, nor was the patient advised of the complaints process.

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. The patient was required to enter card details and a payment hold would be placed on the card at the time of requesting. If the consultation was approved, payment would be taken. If the consultation was declined, the payment hold would be removed, and payment would be released back to the patient within 3-5 working days.

All GPs 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.

Are services well-led?

At the previous inspection, we rated the provider as Inadequate for providing well-led services because:

- We found examples where senior members of staff had knowingly ignored patient identification concerns and proceeded to prescribe to patients whom they knew were not the named account holder.
- We found there was not effective governance structures and systems in place.
- There were minimal checks in place to monitor the performance of the service and we found the provider's review process of consultations was ineffective.
- Care and treatment records were not complete or always accurate and did not contain information on the decision-making process of the clinicians.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. This was raised on a previous inspection visit.
- The service had a limited approach to continuous improvement.

At this inspection, we found some improvements but rated the provider as Inadequate for providing well-led services because:

- We found the provider had not made improvements to address all the concerns noted in our previous inspection report and during this inspection we identified a number of new concerns.
- We found there was not effective governance structures and systems in place.
- There were minimal checks in place to monitor the performance of the service and we found the provider's review process of consultations was ineffective.
- Care and treatment records were not complete or always accurate and did not contain information on the decision-making process of the clinicians.
- We found the provider did not have medical indemnity cover.

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.

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. These were reviewed and updated when necessary.

However, we found the provider did not always have relevant policies and procedures or effective governance structures and systems in place; such as, managing medical emergencies and the management of patients prescribed weight loss injections.

There were minimal checks in place to monitor the performance of the service and we found the provider's review process of consultations was ineffective and failed to highlight the issues and concerns we identified during the course of our inspection.

Care and treatment records were not complete and did not contain information on the decision-making process of the clinicians. We also found that care and treatment records were not always accurate as clinical discussions with patients, such as advising to cease treatment due to significant side effects, were not always recorded.

We reviewed recorded telephone conversations and found members of staff did not always announce their name and job title to the patient. This was raised to the provider at the previous inspection as patients could believe they were talking to a doctor when they were not. The provider told us this had been identified during the provider's audit of telephone calls; however, there was no evidence that this had improved and a majority of the calls we reviewed evidenced no improvement had been made.

At the previous inspection we found there was no audit trail to evidence who had accessed consultation records and what actions were undertaken at which time. At this inspection, the provider had implemented a system to evidence the actions taken in consultation records by non-clinical staff. This system was not wholly effective and did not evidence an audit of the actions undertaken by doctors on the consultation records.

We found the provider did not have medical indemnity cover. Clinicians working on behalf of the provider had their own indemnity cover, but the provider did not have arrangements in place to cover non-clinical staff. The provider told us they struggled to find medical indemnity cover following the publication of the previous inspection report.

Are services well-led?

Leadership, values and culture

The service was managed by a team of four directors. The service had employed a medical director, a GP, a pharmacist, an independent GP reviewer and a customer care representative. The provider had regular management meetings.

Safety and Security of Patient Information

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

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

At the previous inspection we found the service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. At this inspection we found the provider had initiated a contract with an external company who would ensure medical records are retained in line with DHSC guidance.

Seeking and acting on feedback from patients and staff

At the previous inspection, we found only patients who had been successful in obtaining a prescription were automatically offered to provide feedback via TrustPilot and patients who had been declined were not offered the opportunity to do so. At this inspection the provider told us due to TrustPilot's configuration it was not possible to invite all patients to provide feedback.

However, the provider had undertaken a patient survey and invited all patients, including those who had a consultation rejected, to respond. The provider received 218 responses to the survey with the vast majority of patients providing positive feedback about the service. Following analysis of the survey results, the provider implemented an action plan to drive improvements. The provider told us they intended to run regular surveys to establish if changes made had led to improvements in patient satisfaction.

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

At the previous inspection, we found the service did not have evidence of any quality improvement systems such as audits resulting in changes made to support the quality of care provided. At this inspection we found the provider had started to commence a program of quality improvement activity. The provider told us and we saw through meeting minutes that audits and quality improvement tools were discussed during management meetings.

However, we found improvements had not always been made where areas of poor performance had been identified, such as members of staff not announcing themselves to patients during telephone conversations. In addition to this, we found the quality improvement program had failed to ensure the service identified areas of poor performance which impacted on outcomes for patients.

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• We found patient records were not always complete and the provider told us that not all patient contacts were recorded.• The provider could not provide assurance that the named account holder was the person receiving and using the order and the provider had no system in place to ensure the facility of using an alternative delivery address kept patients safe.• The provider told us there were no processes or procedures to manage or respond to emergency medical situations.• We found evidence that the provider had manually approved a patient's prescription request without a fully verified identification. <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There was no formal process for contacting and reviewing patients who had not achieved the manufacturer's suggested weight loss.
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Enforcement actions

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The service's quality improvement program was newly developed and in its infancy. We found improvements had not always been made where areas of poor performance had been identified.
- The service's consultation review process was ineffective and failed to highlight issues and concerns which we found on the day of the inspection. This was raised as a concern during our July 2019 inspection visit.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- We reviewed recorded telephone conversations and found members of staff did not always announce their name and job title to the service user. This was raised at the previous inspection and highlighted during the provider's audit process but no actions had been taken.
- The system of clinical audit trail was not wholly effective and did not evidence an audit of the actions undertaken by doctors on the consultation records.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- There was no documented evidence or audit trail of the clinician's rationale for approving each prescription request. This was raised as a concern during our July 2019 inspection visit.
- The provider could not provide assurance that the named account holder was the person receiving and using the order and the provider had no system in place to ensure the facility of using an alternative delivery address kept patients safe.

This section is primarily information for the provider

Enforcement actions

There was additional evidence of poor governance. In particular:

- We found the provider did not have medical indemnity cover.