e-med Private Medical Services Ltd

Inspection report

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Date of inspection visit: 23 September 2019
Date of publication: 26/11/2019

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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

Letter from the Chief Inspector of General Practice

At our previous inspection on 5, 6 March 2018, we found, in addition to providing a service for patients through the provider website, www.e-med.co.uk; the provider was also providing consultations, private healthcare referrals and prescriptions for five external companies; 'Health Express Healthcare'; 'Menscare UK Ltd'; 'Pharmacy Direct GB'; 'Healthwise'; and 'Uk-med'. On 8 March 2018 the provider was issued an urgent Notice of Decision under Section 31 of the Health and Social Care Act 2008, to impose conditions on their registration as a service provider as we found the provider was not providing a safe, effective, caring, responsive and well led service for patients.

We imposed the following urgent conditions on the registration of e-med Private Medical Services Ltd:

- The registered provider must not provide online doctor consultations or prescribe any medicine or medicinal product that contains a medicine, for service users for any companies or websites other than www.e-med.co.uk.
- The registered provider must not prescribe to any service user any medicine, or medicinal product that contains a medicine, other than Naltrexone.

We carried out an announced comprehensive inspection at e-med Private Medical Services Ltd on 1 November 2018 to follow up on breaches of regulations. Where we found the provider was following the urgent conditions. We found the provider was providing a safe, effective, caring, responsive and well-led service in accordance with the relevant regulations.

We carried out an announced comprehensive inspection at e-med Private Medical Services Ltd as part of our programme to rate independent digital services on the 23 September 2019.

At the time of our inspection the service only offered the prescribing of Low Dose Naltrexone (LDN) to patients. (LDN, which is used as a regulator of the immune system, providing relief to patients with autoimmune diseases, and central nervous system disorders). The service provided regular treatment to approximately 116 patients.

This report outlines our findings in relation to the service with the above two urgent conditions imposed:

The overall rating for the service is Requires Improvement

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

At this inspection we found:

- The service did not always provide patients with information that was appropriate for their condition or easily understood when they prescribed medicines.
- The staff had not completed training to ensure they were competent for their role. The service did not have a failsafe system in place regarding the co-ordination with the patient's GP.
- The provider did not ensure patient and public had up to date information to help them make an informed decision about their care.
- The provider did not have systems in place to ensure the policies and procedures were updated in response to changes. The providers website did not accurately reflect the services provided.
- Suitable numbers of staff were employed and appropriately recruited.
- Quality improvement activity, including clinical audit, took place.

The areas 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.

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

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 inspection team member, a member of the CQC medicines team and two members of the GP specialist adviser team.

Background to e-med Private Medical Services Ltd

e-med Private Medical Services Ltd was established in March 2000 and registered with the Care Quality Commission in October 2012. E-Med operates an online clinic for patients via a website (www.e-med.co.uk), providing consultations and prescriptions for Low Dose Naltrexone (LDN) medicine.

At the time of our inspection the service only offered the prescribing of Low Dose Naltrexone (LDN) to patients. (LDN, is an opiate antagonist. This is sometimes prescribed for patients with long-term conditions such as multiple sclerosis. It has been described as helping to improve some symptoms for these patients). They provided regular treatment to 116 patients members and all staff carried out all consultations by telephone or e-mail.

The service is open between 9am and 5pm on weekdays and available to UK and European residents for phone or e mail consultations. This is not an emergency service. Patients are required to join e-med as a member to access the service and there is an annual membership fee of £20. For each consultation there is a charge of £15 which includes issuing the prescription and if patients are not satisfied with the service they are given a refund. For each consultation the patient completes a free-text questionnaire for the symptoms or condition they believe they have, and the prescription is issued or declined by the doctor as appropriate.

The IT system in place enables doctors to request further information from patients via email, or telephone. If the doctor decides not to prescribe a requested medicine, the patient is sent an email stating the order will not be fulfilled and a refund is processed. Once approved by the doctor, patients are requested to indicate a pharmacy of their choice for their LDN prescription to be sent to. Patients were also able to request a paper prescription to be posted to them to be dispensed at a pharmacy of their choice. However, as LDN is an off-label medicine (a medicine licensed for a different indication to that for which it is prescribed in this case), it is not readily stocked by all pharmacies and therefore the service recommended patients use an affiliated pharmacy which is also recommended by the LDN Trust.

The provider employed a registered manager and one female doctor on the GMC register to work remotely in undertaking patient consultations based on the information submitted by patients through website questionnaires. A registered manager is a person who is registered with the CQC 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). An IT consultant was employed on an ad-hoc basis as required.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the members of the management and clinical team. To get to the heart of patients' experiences of care and treatment, we ask the following five questions:

•Is it safe?

•Is it effective?

•Is it caring?

•Is it responsive to people's needs?

•Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and as part our programme to rate independent digital services.

Requires improvement

Are services safe?

We rated safe as Requires improvement because: The service did not always provide patients with information that was appropriate for their condition or easily understood when they prescribed medicines.

Keeping people safe and safeguarded from abuse

Most staff employed by the provider had received training in safeguarding adults and child protection level three, except for the doctor where we found no evidence of adult safeguarding training . All staff had access to the safeguarding policy and knew how to report a safeguarding concern. It was a requirement for the doctors being employed by the service to provide evidence of up to date safeguarding child protection level three training certification.

The provider did not treat patients under the age of 18 years, (children) and safeguards had been put in place on the www.e-med.co.uk website to prevent children from accessing the service. For example, new patients were required to send in a form of ID after they had joined the service as a member. The request for proof of patient identity was included in the website's terms and conditions. Patients were asked to provide a scanned copy of a passport, photo driving license, or identity card. If this was not possible, patients were asked to provide other documentation such as two scanned copies of a bank statement, utility bill or similar.

However, the provider's safeguarding protocol, last reviewed September 2018, did not have a clear definition of abuse or the actions for staff to take or the details of whom to contact should they need to make a safeguarding alert. For example, the report stated, 'If a staff member is being investigated for abuse the registered manager should then analyse how the events happened and plan for it not to happen again.'

Monitoring health & safety and responding to risks

The provider headquarters was located within a purpose-built office, housing the management staff. Patients were not treated on the premises and the doctor carried out the online consultations remotely. The provider expected that the doctor would conduct consultations in private and maintain the patient's confidentiality. The doctor used an encrypted, password secure laptop to log into the operating system, which was a secure programme. The doctor was required to complete a home working risk assessment to ensure their working environment was safe.

At the time of the inspection, the service was not intended for use by patients as an emergency service. This was clear on the provider's website. In the event an emergency did occur, the location of the patient was collected at the beginning of the consultation so emergency services could be called. The provider stated that if a patient presented with a condition that required treatment of a more urgent nature than could be provided by the service they would be advised to attend a local hospital or their GP.

We saw minutes of staff meetings that were held in February, March and September 2019, where agenda items covered topics such as, audits, complaints and CQC inspections.

Staffing and Recruitment

On the day of the inspection, the staff team consisted of the company director, a registered manager and a female doctor who worked in the service and an independent doctor who worked as a consultant who was responsible for patient records audits and the review and action of the Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. We reviewed their recruitment files and found the provider had carried out the appropriate recruitment checks. With the exception of a job description and an employment contract. The provider explained that the doctors worked on a self-employed contract and were paid per patient.

The practice provided an indemnity policy for the service dated from 1 March 2019 to 29 February 2020, for the service.

Prescribing safety

Following our previous inspection, on 8 March 2018 the provider was issued an urgent Notice of Decision under Section 31 of the Health and Social Care Act 2008, to impose conditions on their registration as a service provider as our inspection found the provider was not providing a safe, effective, caring, responsive and well led service.

The conditions imposed restricted the service to only being able to prescribe one medicine, naltrexone, for patients through the provider website. At this inspection we found the provider had complied with the conditions imposed upon their service.

Low dose naltrexone medicines were prescribed as off-label medicines. This is a medicine licensed for a

different condition to that for which it is prescribed by this provider. Medicines given licences after trials have shown they are safe and effective for treating a particular condition: off-label prescribing can pose a higher risk because the medicine has not been assessed by the MHRA for quality, safety and efficacy and the Patient Information leaflet supplied with the medicine would not correspond with the treatment for which it was prescribed.

At this inspection we found staff understood the potential risk and legal implications of prescribing off-label medicines. We reviewed five patient consultations for the prescribing of low dose naltrexone medicines (LDN) and found this medicine was appropriately prescribed for patients and the consultation forms were completed. The service only prescribed LDN medicine for patients with conditions that were listed on the 'Low Dose Naltrexone (LDN) Research Trust' website as conditions that patients may get benefit from. Patients were required to provide proof of diagnosis of one of these conditions to proceed with a consultation with the service. If a prescription of LDN was deemed appropriate following a consultation, the doctor could issue a private prescription to patients.

However, we found that some of the prescriptions issued did not contain the patient's date of birth. In addition, we found the service used a generic e-mail which was sent to patients when they were prescribed their medicine. This included a link to a fact sheet produced by an on-line pharmacy, but this did not describe any conditions other than an autoimmune condition which was not always what the medicines were prescribed for. We saw the generic email was also sent to patients diagnosed with chronic fatigue and depression. In addition, the e-mail to the patient contained medical terminology which the patient may not have understood. For example, '3mg od', which does not describe the number of capsules or amount of liquid they were required to take. This lack of information may have put patients at risk of taking the incorrect dose of medicines. The information given to patients was the same whether they were newly prescribed or on a continuing prescription, this meant that information such as how to gradually increase an initial dose was sent to all patients regardless of whether this was relevant to them. This meant that patients would receive conflicting dosage instructions with their medicines.

The current patient questionnaire completed by the patient, prior to the prescribing of LDN, did not include questions regarding the use of illicit drugs or non-prescribed medicines. The use of illicit drugs could have impacted on the effects of the patient's use of LDN.

The service no longer prescribed antibiotics. However, the prescribing policy dated July 2017 had not been withdrawn (as no longer in use) or updated since the introduction of new National Institute for Health and Care Excellence (NICE) guidelines and referred to inappropriate conditions for treatment online eg meningitis.

The service prescribed medicines in quantities up to three months and patients had to complete a further questionnaire should they require further medicines. All medicines were delivered to the patient monthly.

The GP created the prescription online via a secure network with the pharmacy, all prescriptions could be actioned within four hours.

We were told the independent clinical lead carried a review of five patient notes each month at three-month intervals to ensure a consistent and competent approach by the prescribing doctor. Any recommendations were fed back to the doctor. The audit period submitted to the Commission was carried out in May 2019 for the period January, February and March.

Information to deliver safe care and treatment

On registering with the www.e-med.co.uk website, and at each consultation patient identity was verified.

The patient's personal details were recorded in the patients records by the registered manager, following this an email was sent to the doctor with this information. Following the consultation with the patient the doctor emailed the registered manager the details of the consultation, the registered manager then entered the consultation on the patients notes. When the registered manager was on leave the doctor entered the notes directly on to the patients records themselves. This inconsistent approach may put patients at risk due to inaccurate records.

To protect patient confidentiality the doctor's computer was password protected and they have to confirm all records will be kept secure.

Management and learning from safety incidents and alerts

Requires improvement

Are services safe?

At our previous inspection on the 1 November 2018 we were not fully assured there was an effective system in place for the management and learning from safety incidents.

At this inspection we were provided with a copy of a significant event form which provided information about the types of significant events, investigation and learning from incidents relating to the safety of patients and staff members. However, at our inspections in January 2017, March 2018 and November 2018, and September 2019 we were told there had not been any occurrence of safety incidents and therefore there were no records for us to review. We reviewed the minutes of meetings in 2017, 2018 and 2019 and they did not include any reference to significant events. We were therefore unable to assure ourselves fully that the system was effective.

Staff were aware of the requirements of the Duty of Candour.

The service had put into place a system for the management of safety alerts. The independent clinical lead reviewed, cascaded and acted upon any safety alerts. However, no alerts had been received that affected the service. Therefore, we were unable to establish the effectiveness of the system as the service did not keep records of safety alerts that had been received but required no action.

Requires improvement

Are services effective?

We rated effective as Requires improvement because: The staff had not completed training to ensure they were competent for their role. The service did not have a failsafe system in place regarding co-ordination with the patients GP.

Assessment and treatment

At the time of the inspection the provider only treated patients who required the medicine LDN. They did not carry out assessment and treatment or referral for any other conditions than those that required LDN medicine.

A patient accessed the service by the website and were provided with log in details and became a member. The patient then an completed an online health questionnaire and provided information to confirm their identity. The questionnaire was used to inform the doctor of the patient's suitability for the prescribing of LDN only and their past medical history. We noted the questionnaire did not include questions regarding the use of illicit drugs, which would have impacted on the effects on the effectiveness of LDN.

In addition, the patients were required to provide the service with confirmation of diagnosis of their medical condition.

The doctor reviewed the questionnaire and completed a set template that included the reasons for the consultation and the outcome, along with any notes about past medical history and diagnosis. We reviewed five patients' medical records. We saw adequate notes were recorded. We were told the questionnaire was completed fully every six months and a smaller questionnaire every three months or annually when their membership was due for renewal.

Patient consultations were uploaded onto the system by the registered manager. We were advised the doctor made notes in an e-mail and sends to the registered manager who uploaded the information into the patient's records. The registered manager copies and pastes the contents of the email into the patient's record. We were unable to verify how promptly these were uploaded to the patient's records. If the registered manager is not available, then the doctor would do this and note directly in the records. However, there was a risk the patient may contact the service again before the notes had been uploaded as the registered manager worked 20 hours a week and because it was not a contemporaneous record.

If the doctor believed that further information was required, then they could contact the patient by e-mail or telephone.

The independent doctor monitored the consultation and the prescribing records to help improve patient outcomes.

If a patient needed a face-to-face consultation, they were advised to see their NHS GP. At the time of inspection, the practice did not carry out any video consultations.

Quality improvement

The service took part in some quality improvement activity and had an audit programme in place.

The independent doctor carried out patient record audits every four months and made recommendations to the service.

The registered manager carried out monthly, a maximum of five monthly audits of new patients joining the service to ensure complete clinical records. Non-member email enquiries audit who contacted the service via the 'Information request form'. In addition, they or the director carried out a six-monthly audit of refunds, patient feedback forms and complaints.

The provider submitted a refund audit from June 2018 to December 2018, which stated the high volume of refunds were due to the new limitations on the number of services that e-med could provide under CQC regulation.

Staff training

We reviewed the staff training files and found that all staff had completed safeguarding children and young adults. However, some staff had not completed adult safeguarding training.

Some staff had also completed training which included deprivation of liberty safeguards and mental capacity act and preventing radicalisation. Clinical staff had also completed training which included Working in effective partnership with patients, Safe and effective prescribing, Erectile disfunction, Step by step: diabetes in pregnancy and Anaphylaxis: a guide to management. However, staff had not fully completed the necessary training to carry out their roles. For example, information governance and GDPR.

The doctor was registered with the General Medical Council.

Requires improvement

Are services effective?

Coordinating patient care and information sharing

Providers that operate outside of the NHS system may prescribe treatments or give advice to patients that can affect the care delivered by other clinicians involved in the patient's care. Coordination and communication were even more important to deliver quality outcomes for patients where they increasingly receive care from multiple providers in the health and care system.

At the inspection we were told when a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. If patients agreed, we were told that a letter was sent to their registered GP in line with GMC guidance. The patients were informed on their joining form of the importance of communication with their GP. However, a review of five patient records found that two patients records did not have the GP information recorded. The patient consultation records did not clearly document the reasons for this or any advice offered.

The practice only advised patients to attend their GP and did not refer patients to other consultants or specialist for further diagnosis or treatment. Although, the services website states that referrals were offered.

The practice did not offer investigations or blood tests,

Supporting patients to live healthier lives

The service had a range of information available on the website.

Good

Are services caring?

We rated caring as Good

Compassion, dignity and respect

We were told the doctor undertook online consultations in a private room and were not to be disturbed at any time during their working time. The independent clinical lead carried a review of five patient notes each month at four month intervals, where they reviewed whether the patient had been asked the appropriate questions. Feedback arising from these spot checks was relayed to the doctor.

The practice sent a patient questionnaire about the quality of the service with the prescription to the patient. The registered manager explained they had received two responses since the previous inspection and both were positive. The CQC received one comment card where the patient stated they had no complaints.

Involvement in decisions about care and treatment

At the time of the inspection the practice had a website which provided information about LDN medicine. However, it did not represent the services presently offered and patients may have found this confusing.

For example, it referred to offering an e-med nurse and free consultations with the nurse, referrals to secondary care, investigations, and the diagnosis of medical conditions from depression to bladder infections. All which the service did not offer at the time of the inspection.

Patient information guides did not always provide patients with the appropriate information. We found the service used a generic e-mail which was sent to patients when they were prescribed their medicine. This included a link to a fact sheet produced by an on-line pharmacy, but this did not describe any conditions other than an autoimmune. We saw that the generic email was sent to all patients some who did not have a diagnosis of auto-immune disease.

The service website provided a telephone number to assist patients in using the service and to answer any queries. Staff told us that translation services were not available for patients who did not have English as a first language. However, the consulting doctor spoke Romanian in addition to English and the service website had a translation function for patients in Arabic.

Good

Are services responsive to people's needs?

We rated responsive as Good.

Responding to and meeting patients' needs

Patients accessed the service via the website from their computer or other portable device with internet access. Consultations were provided between 9am and 5pm on weekdays and access via the website to request a consultation was all day every day. The digital application allowed people to contact the service from abroad, but all medical practitioners were licenced to practice in the United Kingdom. Patients could sign up to receiving this service on a smart mobile phone.

The provider's website did not make it clear to patients what the limitations of the service were. The service website advised patients that if they needed immediate medical assistance, to dial 999 or if appropriate, to contact their own GP or the NHS 111 service.

Tackling inequity and promoting equality

The service offered consultations to anyone over the age of 18 who requested and paid the appropriate fee and did not discriminate against any client group. The service had an equality policy in place dated for review in 2015 to ensure both patients and staff were not discriminated against, either directly or indirectly.

Managing complaints

Information about how to make a complaint was available on the service website under the 'Terms and Conditions' section. The service had a complaints policy and procedure in place. The policy contained appropriate timescales for dealing with the complaint. Following receipt of a complaint, written acknowledgement was sent to the patient within two working days and a full response was sent to patients within 20 working days. There was escalation guidance within the policy.

The provider reported and submitted one complaints form, which did not contain the year it was raised. The service was able to demonstrate the complaint we reviewed was handled correctly and the patient received a satisfactory response. There was evidence of learning as a result of the complaint and this had been communicated to staff

Consent to care and treatment

The service was intended for patients over the age of 18 and all patients were presumed to have the capacity to give consent to treatment unless there were indications that they do not have this capacity. If there was any doubt as to whether a patient had the capacity to give consent, the treatment was not prescribed or carried out. The provider stated evidence the patient was over 18 was confirmed by the fact that they had to use a valid credit card in their own name and had submitted proof of their identity when they joined the service membership.

There was information on the service website with regards to how the service worked and what costs applied. The service telephone number was clearly displayed on the website and there was an 'Information Request' link for patients to utilise if they wanted to make any enquiries via email.

The doctor stated they had received training about the Mental Capacity Act 2005. However, this was not evidenced on theirs or other staff's recruitment files. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Requires improvement

Are services well-led?

We rated well-led as Requires improvement because: The provider did not have systems in place to ensure that the policies and procedures were updated in response to changes. The providers website did not accurately reflect the services provided.

Business Strategy and Governance arrangements

At our previous inspection on 5, 6 March 2018, we imposed the urgent conditions on the registration. These were the registered provider must not provide online doctor consultations or prescribe any medicine or medicinal product that contains a medicine, for service users for any companies or websites other than www.e-med.co.uk.

In addition, the registered provider must not prescribe to any service user any medicine, or medicinal product that contains a medicine, other than naltrexone. This meant that the provider no longer offered general practice services. The provider told us that they planned to expand the service to cover erectile dysfunction, hair loss, referrals to a consultant or specialist and prescribing of antibiotics but did not have a business plan in place. At the time of the inspection the services website did not accurately reflect the services offered.

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. However, we found the service did not have an induction policy or procedure and did not have a process in place for the review and updating of policies annually. For example, the Equality and Diversity policy was last reviewed April 2015, the Patient Requests to Access to their Health Records policy was dated April 2015 and the Recruitment policy last reviewed April 2015.

Staff were required to sign a checklist against policy names they had read and acknowledged, and these checklists were kept within individual staff personnel files.

Regular checks were in place to monitor the performance of the service. These included peer review of consultations and patient feedback. The information from these checks was discussed at staff team meetings.

The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions was not always effective. For example, the risk of the doctor not making a contemporaneous record, or the patient receiving poor quality information, and that the service had not withdrawn policies that did not relate to their current service model

Leadership, values and culture

Staff working in the service were clear about their roles in regard to the service they offered at the time of our inspection.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology.

Safety and Security of Patient Information

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

There were IT systems in place to protect the storage of patient information and the security of patients' personal data was ensured through third party technical support and encryption services. There was a working from home and remote locations employee self-assessment. All staff were required to complete and sign the self-assessment.

The self-assessment form questions included, if consultations and access to the service was undertaken in a private room; if the devices used were password protected; and if the internet connections used were secure. The assessments were stored in the staff personnel files. The service was registered with the Information Commissioner's Office. Staff had signed confidentiality agreement. There was no evidence the staff had completed information governance training.

The provider had developed a 'Termination of activities' policy which included a process for patient electronic and paper records.

Seeking and acting on feedback from patients and staff

The provider had a whistleblowing policy in place which was not reviewed at the designated review date of July 2018. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.). The provider was the named person for dealing with any issues raised under whistleblowing.

Requires improvement

Are services well-led?

There was a specific feedback box on the patient consultations forms to record patient feedback for every consultation generated via the service website. It was company policy that if any members were dissatisfied with their consultation via the service website; a full refund was given. We found this audit took place every six months and also included a review of complaints and patient feedback. The registered manager explained they had received two responses since the previous inspection and both were positive. The CQC questionnaire received one response where the patient stated they had no complaints.

We saw minutes of staff meetings that were held in February, March and September 2019, where agenda items covered topics such as audits, complaints and CQC inspections.

Continuous Improvement

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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation:17 Good Governance How the regulation was not being met: •The provider did not always provide patients with information that was appropriate for their condition or easily understood when they prescribed medicines. •The provider had not ensured staff had completed training for their role. The service did not have a failsafe system in place regarding the co-ordination with the patients GP. •The provider did not ensure patient and public had up to date information to help them make an informed decision about their care. •The provider did not have systems in place to ensure that the policies and procedures were updated in response to changes. •The providers website did not accurately reflect the services provided. •The provider had not always identified and managed risks to the service and patients.