

Hexpress Healthcare Ltd

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Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hexpress Healthcare Ltd on 22 August 2018.

Hexpress Healthcare Ltd registered with the Care Quality Commission in June 2018. Hexpress Healthcare Ltd operates an online clinic for patients via the following website: www.healthexpress.co.uk; providing consultations and private prescriptions.

Our findings in relation to the key questions were as follows:

Are services safe? – we found the service was providing a safe service in accordance with the relevant regulations. Specifically:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There was a comprehensive system in place to check the patient's identity.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- There were appropriate recruitment checks in place for all staff.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure doctors were prescribing appropriately.

- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective? - we found the service was providing an effective service in accordance with the relevant regulations. Specifically:

- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- The service had a programme of ongoing quality improvement activity.
- An induction programme was in place for all staff and doctors registered with the service received specific induction training prior to treating patients. Staff, including doctors, also had access to all policies.
- The service shared information about treatment with the patient's own GP with their consent.

Are services caring? – we found the service was providing a caring service in accordance with the relevant regulations. Specifically:

- We were told that doctors working remotely undertook consultations in a private room in their

Summary of findings

own home. The provider carried out checks to ensure doctors were complying with the expected service standards and communicating appropriately with patients.

- Patient survey information we reviewed showed the latest Trust Pilot score for the service was '9.4 out of 10' and rated as 'Excellent.' Patients comments included satisfaction with the provider's delivery times and the convenience of using the service.

Are services responsive? - we found the service was providing a responsive service in accordance with the relevant regulations. Specifically:

- There was information available to patients to demonstrate how the service operated.
- Patients could sign up to receive this service either by android or iOS application.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.
- Consent to care and treatment was sought in line with the provider policy. All of the GPs had received training about the Mental Capacity Act.

Are services well-led? - we found the service was providing a well-led service in accordance with the relevant regulations. Specifically:

- Staff we spoke with were aware of the organisational vision, objectives and values and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office.

The areas where the provider should make improvements are:

- Increase the health information available to patients about leading healthier lives.
- Providing information for patients about the doctors undertaking the consultations for the service.
- Develop ways to assist patients accessing the service who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing a safe service in accordance with the relevant regulations.

Are services effective?

We found that this service was providing an effective service in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

We found that this service was providing a responsive service in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing a well led service in accordance with the relevant regulations.

Hexpress Healthcare Ltd

Detailed findings

Background to this inspection

Background

Hexpress Healthcare Ltd registered with the Care Quality Commission in June 2018 to provide Diagnostic and Screening procedures and Treatment of Disease, Disorder, Injury (TDDI).

Hexpress Healthcare Ltd currently trades in the UK under the following websites: www.healthexpress.co.uk; www.onlineclinic.co.uk; www.121doc.com/en; and www.euroclinix.net/en. The service provides an online doctor service for patients but is not an emergency service.

Patients are required to complete a general medical questionnaire to register with the service. For each consultation the patient selects a treatment specified on the website and completes a related questionnaire. There is a choice of treatments available for a variety of conditions including but not limited to conditions relating to sexual health, weight loss, hair loss, men's health, women's health, general health, asthma, and travel health.

The doctors will then assess the questionnaire and will determine the suitability of the patient for the treatment. If the doctor assesses the patient request to be clinically appropriate; the patient will receive the treatment. The doctor can request further information from the patient via their Hexpress Healthcare Ltd online patient record or telephone where necessary. 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. The cost of the service for patients includes the price of the medicine ordered.

The service employs six doctors on the GMC register, to undertake patient consultations based on the information submitted by patients through the website questionnaires. All doctors primarily work remotely although they can and

do attend, and prescribe from, the office on a regular basis. The service also employs an Independent Medical Advisor, a Clinical Lead, a Data Protection Officer, a Head of Legal Services, a Pharmacist, a Head of Corporate Services, a finance manager, an operations manager, a Technical Lead, a Premises Health and Safety Officer, a Head of customer services, a marketing officer, a Human Resources officer and a range of customer services staff.

One of the Directors was the registered manager 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

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist adviser, and a member of the CQC medicines team.

During our visits we:

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

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.

Why we inspected this service

Detailed findings

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.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Keeping people safe and safeguarded from abuse

All staff employed, both clinical and non-clinical, had received level 3 training in child safeguarding and training in adult safeguarding and knew the signs of abuse and to whom to report them. It was mandatory for all staff to undertake safeguarding training as part of their induction. The Clinical Lead was the nominated safeguarding lead and was trained to safeguarding level 3. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. There was a dedicated safeguarding email for staff to use to raise any concerns with the safeguarding lead and within the headquarters, the notice board displayed triggers for potential safeguarding, what to do in the event of a safeguarding concern and safeguarding contact details.

The service did not treat children. If any patients under the age of 18 applied online, they were re-directed to an appropriate healthcare service by the doctors.

There was an age verification policy in place for identifying and verifying the patient. The service used a third party age and identity software to verify patients which used passport, driving license, electoral and credit card checks to facilitate this. The service system was designed to identify if patients attempted to use multiple accounts and identities to obtain prescriptions. Staff told us they were also carrying out trials to develop more interactive ways of identifying patients who access the service.

Monitoring health & safety and responding to risks

There were a variety of checks in place to monitor risks. Prescribing patterns and behaviours were monitored by means of data analytical software to check for over-prescribing and prescribing behaviours. The IT system was set up to flag any prescribing by the doctors which was outside of clinical guidelines. The information from these checks would then be discussed at team meetings.

Clinical consultations were rated by the doctors for urgency. Those rated as urgent were prioritised for review and processing. There were protocols to notify Public Health England of any patients who had notifiable infectious diseases.

The service headquarters was located within modern purpose built offices, housing the IT system, management, and administration staff. Patients were not treated on the premises and doctors carried out the online consultations remotely. The service used an encrypted system which staff could only log into via a specified Internet Protocol (IP) address. System security arrangements meant that pharmacy staff were certain that prescriptions had been generated by the service.

For doctors working remotely, remote login was controlled through two-factor authentication. They were only able to access the system by logging onto a virtual private network. There was specific guidance for doctors on working remotely which covered patient confidentiality. The service expected that all doctors would conduct consultations in private and maintain the patient's confidentiality.

There were processes in place to manage any emerging medical issues during a consultation and there was a 'Medical emergencies' policy for staff to follow. The service was not intended for use by patients as an emergency service. In the event an emergency did occur, the service had systems in place to ensure the location of the patient was known at the beginning of the consultation, so emergency services could be called.

The service had a business continuity plan in place which contained key contact details. Staff told us in the event of the website failing, they would still be able to access policies and procedures, which were available on a cloud-based team drive. In the event of an internet or power failure, hard copy files were located in the office.

Staffing and Recruitment

There were enough staff, including doctors, to meet the demands for the service. There was a customer support and IT team available to the doctors during consultations. Staff told us they were able to cover sickness and absence of staff internally and they proactively forecasted when the service needed more staff such as following bank holidays.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. Potential doctor candidates had to be registered with the General Medical Council (GMC) and had their annual appraisal and revalidation with the GMC. Those doctor candidates who met the specifications of the service then

Are services safe?

had to provide documents including their medical indemnity insurance, proof of registration with the GMC, proof of their qualifications, certificates for training and referee contact details.

We reviewed five recruitment files which showed the necessary documentation was available, however we found for some staff, Disclosure and Barring Service (DBS) checks had been carried over from previous employers. We raised this issue with the service and arrangements were made following our inspection to ensure all staff received a DBS check arranged by the provider. The doctors could not commence any patient consultations until these checks and induction training had been completed. The service kept records for all staff including the doctors, so any documentation which was due for renewal such as their professional registration, was monitored.

Prescribing safety

The provider had systems in place to ensure compliance with appropriate guidance on remote prescribing for example, from the General Medical Council (GMC).

All medicines prescribed to patients were monitored by the provider to ensure prescribing was evidence based. If medicine was deemed necessary following a consultation, the doctors were able to issue a private prescription to patients.

The doctors could only prescribe from a set list of medicines. There were no controlled drugs, unlicensed or off-label medicines prescribed and high risk profile medicines were not offered. For sexual health treatments, the service only prescribed medicines for pre-diagnosed conditions.

Once the doctor selected the medicine and correct dosage, 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 informed if they had any questions before or after taking their medicine, they could contact the service either via email or telephone.

To monitor prescriptions for any form of abuse such as excessive requests; patients who return to use the service for either a repeat prescription of a medicine or a new medicine; are requested to complete a medical questionnaire each time and the doctor reviewed the

patient's previous orders. There were alerts on the system to flag to both the Customer Services team and the consulting doctor if a patient tried to over-order medicines. Staff told us prescriptions for patients were refused if the patient had not provided enough information as part of their questionnaire or if information provided by the patient raised any concern with the consulting doctor. As part of our inspection we reviewed a sample of patient consultations and saw evidence of orders requested by patients which had been appropriately declined for clinical reasons and we saw no evidence of over-ordering of any medicines by patients.

Patients were informed the service kept records of all prescriptions dispensed for each patient which helped the service to check for any possible problems such as reactions between medicines and any queries patients may have.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified and the doctors had access to the patient's previous records held by the service.

For patients returning to the service for a re-order of any medicines, they were required to complete a new questionnaire to ensure it was still suitable for the doctor to continue to prescribe the treatment. We reviewed the service questionnaires and found the questions were designed to provide sufficient information for the doctors to make appropriate assessments for patients.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed two incidents and found that these had been fully investigated, discussed and, as a result, action taken in the form of a change in processes. For example, the service received a patient request for blood pressure medicine and the consulting doctor sent a letter to the patient's GP to check the patient had been previously diagnosed with this condition before prescribing. The patient's GP responded and informed the consulting doctor that the patient did not have high blood pressure. As a result, the service arranged for an alert on the system to prevent the patient from

Are services safe?

attempting to place a re-order of this medicine without further information from their GP. Learning from incidents and analysis of trends were communicated to staff at the governance and operational meetings.

The provider was aware of the requirements of the Duty of Candour and in the event of an incident, would explain to a patient what went wrong, offer an apology and advise them of any action taken.

There were systems in place to deal with medicine safety alerts. At the time of our inspection, safety alerts were emailed to relevant staff, however the provider had plans in place to develop a system to send safety alerts automatically to doctors. The Clinical Lead was signed up to receive MHRA safety alerts and reviewed these prior to dissemination and any actions required, such as changes to prescribing and questionnaires, were recorded.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Assessment and treatment

We reviewed 19 examples of medical records that demonstrated that each doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice. For example, we saw evidence that NICE guidance for malaria had been followed and implemented and related travel information for patients on the service website. Staff told us the online questionnaires were updated whenever relevant new guidance was received.

Patients completed an online form which included 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. The doctors had access to all previous notes from the patient's consultations with the service. If the doctor had not reached a satisfactory conclusion there was a system in place where they could contact the patient. We reviewed 19 medical records which were complete records and adequate notes were recorded.

The doctors 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. If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example there were ongoing prescribing and customer services audits and monitoring of telephone call

statistics, TrustPilot and website activity, which were reported on at the Governance and Operations monthly meeting. The service planned to develop an audit programme and introduce second-cycle audits.

Staff training

All staff had to complete induction training which included health and safety, fire safety, confidentiality, IT, and safeguarding. The Head of Corporate Services had a training matrix which identified all training undertaken by each staff member.

The doctors registered with the service had to receive specific induction training prior to treating patients. There was a 'Clinicians Operations' policy in place which specified criteria for granting doctors their practicing privileges. This criteria included doctors' agreement to abide by the service's clinical guidelines and key operating processes.

An induction checklist was held in each staff file and signed off when completed. When updates were made to the IT systems, staff received further online training. We saw evidence any changes made to policies and procedures were emailed to relevant staff and staff were expected to confirm they had read and understood these changes. Regular refresher courses for all staff were held to ensure key knowledge was retained and improved.

Plans were in place to ensure staff received regular performance reviews and in-house appraisals. For doctors whose main employer was not Hexpress Healthcare Ltd, their annual appraisal and revalidation took into account their online work.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients consented, the system automatically sent letters to the patient's GP to ensure GPs were kept informed of any consultations and prescribing of medicines.

The service facilitated the sharing of the patient information by providing patients with access to NHS 'Find a service' database to enable patients to provide the service with their GP's contact details.

The service website included a set of 'Frequently asked questions' for patients to access. In response to one of the questions listed, 'Do I need to consult my own doctor?'

Are services effective?

(for example, treatment is effective)

patients were instructed that the advice given on the website did not replace their regular healthcare provider and patients were strongly recommended to tell their regular healthcare provider about the treatment and medicines supplied to them by the service.

To further improve patient safety the service had introduced processes to make it mandatory for information to be shared with the patient's GP for certain medicines prescribed for long term conditions or these medicines would not be prescribed by the service.

Supporting patients to live healthier lives

The service provided online consultations for smoking cessation. Patients accessing this service were contacted by the customer services team after a period of time to check how they are progressing, they could then be referred to a doctor for a further consultation if they wanted to. However, limited information was available to patients about leading healthier lives. For example, when treatment was prescribed for urinary tract infections there was no additional information provided about lifestyle changes that could support the treatment; and dietary information was not supplied to patients prescribed medicines to lower cholesterol.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Compassion, dignity and respect

For doctors working remotely, staff told us doctors would be expected to undertake consultations within private rooms. The provider carried out checks to ensure the doctors were complying with the expected service standards and communicating appropriately with patients.

The service included treatments for patients for sexual health conditions and the provider ensured the packaging for medicines were discreet for patients.

We did not speak to patients directly on the day of the inspection. However, we reviewed the latest 'Trust Pilot' survey information. The latest Trust Pilot score for the service was '9.4 out of 10' and rated as 'Excellent.' Patients comments included satisfaction with the provider's delivery times and the convenience of using the service; and the helpfulness and caring attitude of staff.

Audits of customer services staff were carried out on a weekly basis to ensure any training

needs were identified and acted upon as early as possible. The results of these audits were reported at the monthly governance and operational meeting.

The service provided a page on their website to give advice to patients on how to protect their online information.

Involvement in decisions about care and treatment

Consultation questionnaires about medical conditions, treatment options and advice were worded to be easily understandable for patients. The service also sent bespoke information about the treatment with each prescription.

Patient information guides about how to use the service and technical issues were available. There was a dedicated customer services team to respond to any enquiries.

The latest survey information available from Trust Pilot indicated that the vast majority of patients were satisfied with the explanation of their condition. Some patients reported the doctors had asked further questions in addition to the online questionnaires and had provided them with follow-up advice. Patients expressed their satisfaction with the communication they had received from the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

Consultations were provided Monday to Friday between 8:00am and 5:30pm but access via the website to request a consultation was all day, every day. The service aimed to respond to all patient requests for a consultation within 24 hours and there was a system in place to prioritise urgent prescriptions for patients.

The customer services team was available Monday to Friday between 8:00am and 5:30pm through telephone, email and 'Live Chat' directly through the website.

This service was not an emergency service. The provider made it clear to patients what the limitations of the service were. Patients who had a medical emergency were advised to ask for immediate medical help via '999' and to dial '111' for health information or advice.

Patients were able to access this service on a mobile phone (iPhone or android versions that met the required criteria for using the app). The digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom.

The service offered same-day delivery for patients with London postcodes when orders were placed before 3:00pm. A free next day delivery service was offered to patients outside of London when orders were placed before 4:30pm. Patients had the choice of delivery to an address or were able to select a 'Click and collect' service from participating UPS stores across the United Kingdom.

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.

The provider used large font and high contrast colours and designs on their website to assist patients with colour blindness to use the service.

For patients whose first language was not English, within the doctor team, some were able to speak Arabic, Gujarati,

Hindi, Italian, Polish, Portuguese, Punjabi, Romanian, Swahili, and Urdu in addition to English. The provider also used 'LanguageLine Solutions' for those languages not spoken by their staff.

Patients were not able to access a brief description of the doctors undertaking the consultations through the service website.

The national telephone relay service 'Type Talk' was not available to assist patients who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network.

Managing complaints

Information about how to make a complaint was available on the service's website. There was a link available for patients to access the complaints procedure and there was a dedicated email for complaints for patients to use. It was the provider's policy to acknowledge complaints received within 48 hours and to respond in full within five days.

The provider had a complaints policy and procedure in place for staff. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed the one written complaint which had been received and found this had been appropriately managed.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response.

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. Information about the cost of the consultation and medicines was known in advance and paid for before the consultation review commenced.

All patient-facing staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with

Are services responsive to people's needs?

(for example, to feedback?)

legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

The Hexpress Healthcare Ltd website detailed a set of terms and conditions for patients using the service; the

'Patient responsibility and compliance agreement.' This included that the provision of the service to patients was conditional upon the patients completing all consultation questionnaires contained on the website truthfully and honestly; and patients must reveal and disclose all relevant information truthfully to the best of their knowledge.

Are services well-led?

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

Our findings

We found that this service was providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider had a clear vision to provide a convenient way to access doctors services online in a safe and secure environment and their objective is to provide a service that complements patient's primary healthcare provider and eases the load on NHS GPs. Staff were clear however, that the service was not a replacement for the NHS primary care service.

The provider was in the process of developing a business strategy. Once developed, progress with the business strategy would be reviewed on a regular basis by the Hexpress Healthcare Ltd Board.

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. We saw evidence of a spreadsheet which listed all service policies and recorded the dates for each staff member when they had signed to say they have read and understood these.

There were a variety of checks in place to monitor the performance of the service. Prescribing patterns and behaviours were monitored by means of data analytical software to check for over-prescribing and prescribing behaviours. The information from these checks was discussed at the governance and operations meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

Governance and operations meetings were held on a monthly basis. We reviewed the minutes of two of these meetings. Staff discussed incidents, patient feedback, and any updates. In addition to the governance and operations meetings, customer services, marketing and IT meetings for staff were also held. Any organisational or clinical updates were communicated to staff on a daily basis via email and Skype meetings.

Leadership, values and culture

The two Directors had overall responsibility for the service. One of the Directors was also the Registered Manager and a Superintendent Pharmacist. The Clinical Lead and the Independent Medical Advisor had responsibility for any medical issues arising.

The provider told us their priorities were; patient safety, patient satisfaction, and efficacy of service. In addition to these priorities, staff told us privacy for patients was a key part of their processes. All new systems developed incorporated privacy and privacy impact assessments were used to ensure patient privacy and data security were not being compromised with any new developments. The provider's privacy policy was also available for patients to access on the service website.

The service had an open and transparent culture and were aware of and complied with, the Duty of Candour. 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 and we were provided with evidence of this in practice.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was securely 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 was registered with the Information Commissioner's Office.

The provider used third-party software for age verification and had bespoke software to deliver the service. Staff told us the bespoke software provided a secure environment for patient information, which included strict information access controls, encryption and multi-factor authentication.

The provider had a Data Protection Officer whose role included undertaking audits to ensure service compliance with General Data Protection Regulation (GDPR) and data protection laws. Information governance and GDPR training was undertaken by all staff.

We discussed with staff the process for the handling of patient information in the event of the company ceasing trading and were shown evidence of a process for this which was part of the provider's Business Continuity policy.

Are services well-led?

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

The provider had a 'Staff Operations' policy in place which included remote working and patient confidentiality and staff working remotely were required to complete a home working assessment.

Seeking and acting on feedback from patients and staff

Patients were encouraged to provide feedback following each consultation and were instructed if they had any questions or experienced and unexpected side effects, to contact the service via their online patient account or the customer services telephone number.

The service was registered with the online review company, 'TrustPilot,' to enable patients to rate the service out of ten and this was prominently displayed at the top of the website. In addition to inviting all patients to leave reviews on TrustPilot, the service were developing a feedback form in the style of the NHS 'Friends and Family Test' which will be sent to patients following a consultation.

The Head of Customer Services was principally responsible for monitoring patient feedback. Where feedback was clinical in nature, this was passed onto the Clinical Lead. All feedback was reviewed at the monthly clinical governance meetings, including trends. Actions against feedback were also addressed in these meetings.

Staff were able to provide feedback about the quality of the operating system. There was a 'Change Management Form' in place for staff to complete for change requests to be logged. Change requests were discussed by the Operations Manager, Clinical Lead and IT Technical Lead for any improvements to be implemented.

The 'Staff Operations' policy included a whistleblowing procedure. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The Registered Manager or Nominated Individual were the named persons for dealing with any issues raised under whistleblowing. However, if staff did not want to whistleblow to the aforementioned persons, the policy detailed the contact details of external agencies.

Continuous Improvement

Despite the recent registration of the provider, the service consistently sought ways to improve. The service was in the process of fully integrating the auditing and governance systems into the software. All staff were encouraged to identify opportunities to improve the service delivered. Staff told us the provider was constantly investing in the service infrastructure to improve patient safety through the use of new technology and security measures. Future plans to improve the service included developing video and telephone consultations to become part of the core business.