HR Healthcare Limited

HR Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at HR Healthcare on 17 July 2017. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for HR Healthcare on our website at www.cqc.org.uk. This inspection was an announced focused inspection carried out on 17 July 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 November 2016 which led to the suspension of the service. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- There was now an effective system in place for recording and reporting significant events.
- A system was in place to receive and act upon patient safety and medicine alerts.
- The clinical system had been updated so clinical staff could now easily access patient records from previous consultations.
- There was now a clear leadership structure in place.
- There was now a system in place for quality improvement and clinical audit.
- There was now an effective system in place to deal with emergency situations.

Summary of findings

- Staff were aware of safeguarding procedures and a policy was in place.
- Information about making complaints was now clearly stated on the provider's website.
- Policies and procedures were now easily accessible to staff on the intranet.
- The business continuity plan had now been updated to include relocation details.
- There was now a policy in place to cover data security, protection, destruction and disposing of sensitive data.

We previously suspended the service on 2 December 2016 for three months initially. The suspension was then extended for a further three months as the provider informed us they were still not compliant with the regulations. The service is now no longer suspended and is able to operate.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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 did not inspect the safe key question in full at this inspection. We inspected only those aspects mentioned in the notice of suspension dated 2 December 2016. We found that all the required improvements had been made, for example:

- There was now a policy in place for reporting and recording significant events. Staff had received training on significant events and understood their responsibilities.
- There was now a system in place to receive and act upon patient safety and medicine alerts.
- Safeguarding policies were easily accessible to staff and a flow chart was available for quick reference. All staff had received safeguarding training appropriate to their role and had an awareness of issues that might pose a risk.
- Identity checks were now in place for patients ordering medicines and photographic ID was requested upon delivery of the medication.

Are services effective?

We did not inspect the effective key question in full at this inspection. We inspected only those aspects mentioned in the notice of suspension dated 2 December 2016. We found that all the required improvements had been made, for example:

- There was now a system in place to monitor prescribing to ensure it was in line with best practice and NICE guidelines.
- The clinical system had been updated so that clinicians could easily access previous patient consultations, communication and prescriptions.
- There was now a strategy in place to undertake audits.• Staff had received training relevant to their role and a training plan was in place.

Are services caring?

We did not inspect the caring key question at this inspection.

Are services responsive to people's needs?

We did not inspect the responsive key question in full at this inspection. We inspected only those aspects mentioned in the notice of suspension dated 2 December 2016. We found that all the required improvements had been made, for example:

- Patient requests for medicine could now only be authorised or declined by a clinician.
- A screen reader was in place for patients with sensory impairment to assist in accessing the website.
- Information on how to make a complaint was clearly listed on the website.

Are services well-led?

We did not inspect the well-led key question in full at this inspection. We inspected only those aspects mentioned in the notice of suspension dated 2 December 2016. We found that all the required improvements had been made, for example:

- Staff now had an understanding of the statement of purpose and this was available to view on noticeboards.

Summary of findings

- There was now a supporting business plan in place that reflected the vision and values.
- There were structured management and team meetings in place with a set agenda to cover important topics.
- Policies and procedures were easily accessible on the intranet system.
- There was now a clear leadership structure in place.

HR Healthcare Ltd

Detailed findings

Background to this inspection

Our inspection team was led by a CQC inspector and included a GP specialist advisor, a second CQC inspector and a CQC pharmacist specialist.

HR Healthcare Limited is an organisation (registered with the Care Quality Commission in July 2016) that operates an online clinic for patients providing consultations and prescriptions and medicines.

HR Healthcare employs doctors on the GMC register, to work remotely in undertaking patient consultations when they apply for medicines online. The service is open between 9am and 5pm on weekdays and only available to UK residents. This is not an emergency service. Subscribers to the service pay for their medicines when their online application has been assessed and approved. At the time of this inspection the service was not operating.

Once approved by the prescriber, medicines are dispensed, packed and posted; they are delivered by a third party courier service. HR Healthcare is operated via a website (www.treated.com).

HR Healthcare is also affiliated to a number of other online services which are not in the scope of their Care Quality Commission (CQC) registration.

We undertook a comprehensive inspection of HR Healthcare on 22 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Following this inspection the service had its registration suspended. The full comprehensive report following the inspection on 22 November 2017 can be found by selecting the 'all reports' link for HR Healthcare on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of HR Healthcare on 17 July 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 22 November 2016, we took urgent action to suspend the service as the provider was not meeting the legal requirements for providing safe services.

These arrangements had improved when we undertook a follow up inspection on 17 July 2017.

Safe track record and learning

We found that a shared drive and intranet was now in place for staff to access policies and procedures and all staff had received training on how to access this. We saw evidence that significant events were a standing topic on the team meeting agenda and we also saw that there was a significant event recording form available on the intranet. There were no recent significant events for us to review as the service was not operational at the time of the inspection. The service had developed a significant event scenario for training purposes in which the significant event policy was followed.

We reviewed minutes of meetings which demonstrated that regular meetings were taking place with a set agenda and covered topics such as health and safety, significant events, and complaints.

Overview of safety systems and process

The service now had clearly defined and embedded systems, processes and systems in place to keep patients safe and safeguarded from abuse.

We found that the service had a safeguarding policy available on the intranet along with a reporting form. The safeguarding policy contained telephone numbers for raising concerns and listed who the safeguarding lead was for the service. We saw that safeguarding flow charts were available for staff to quickly access. We also noted that a safeguarding emergency alert button was available to staff members reviewing patient forms. This would send an alert to the clinical lead for further investigation. Clinical staff understood their safeguarding responsibilities and had received safeguarding training relevant to their role.

We also found that the medication questionnaires had been rewritten to help identify patients who may be at risk. This included questions on disability and mental health. If a patient was identified as having a learning disability then a mental capacity form would need to be completed. This would be done by the clinician telephoning the patient and going through the form directly.

The service now had a system in place for receiving and acting upon patient medicine and safety alerts. The service was signed up to receive the alerts by email, which were logged on a spread sheet. The clinical lead would go through the alerts and decide if any action was required. A record of any action taken was recorded.

Identity checks were performed using a credit reference agency, by matching details held on their system and this was performed on all orders placed. The medicines would be delivered by a third party courier company and upon delivery of the medicine a form of photographic identification would be requested and we saw evidence to confirm this.

We reviewed three personnel files and found that all of the appropriate recruitment checks had been undertaken prior to employment. There was a checklist in place and we saw that proof of identification, disclosure and barring service (DBS) checks, qualifications and proof of registration had been checked.

We looked at staff training and found the required improvements had been made. A staff training plan was in place to ensure training was structured on a monthly basis. We found that clinical staff were now up to date with relevant training; which included mental capacity and information governance.

Medicines management

The service was not operating at the time of the inspection so we were unable to look at completed patient questionnaires. We did look at blank patient questionnaires which had been changed since the previous inspection and the service had now performed a risk assessment on the medicines that were offered on their website. We were told that there was a plan in place to ensure that clinical work would be peer reviewed by the clinical lead when the service started operating again to ensure that prescribing was in line with best clinical practice.

We previously found the provider had not risk assessed the choice of medicines they offered to patients, taking into account the limitations of an online service model. At this

inspection, we found the list of available medicines had been reviewed and higher risk treatments had been removed. For example, the provider no longer offered antibiotics, or medicines for the treatment of long term conditions such as high blood pressure and asthma. The provider also told us they would not prescribe medicines to patients who had not previously been prescribed them by their own general practitioner.

We previously found that the service was prescribing medicines for unlicensed indications and did not explain this to patients or provide additional information about the risks. (Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks).

The service was now only prescribing one medicine for an unlicensed indication and informed us that patients will receive additional information about the medicine by email once the prescription has been approved by the clinician. Additional written information to guide patients on how to use this medicines will be available on the website. Patients will have to acknowledge they have read the information and give consent before the medicines would be supplied.

Monitoring risks to patients

We previously found that there were few procedures in place for monitoring and managing risks to patient and staff safety. The service now had a variety of policies in place to manage risks and had also made improvements to systems. The questionnaires now had built-in mechanisms to warn patients if the medicine they were selecting might not be suitable, and all of the questionnaires had been reviewed to ensure they were in line with National Institute for Health and Care Excellence (NICE) and other relevant guidance.

There was now a health and safety policy in place and the service had set up a draft risk register which was waiting for approval by the management team.

A remote working policy was in place and the service had a risk assessment checklist that staff working remotely would need to complete.

Arrangements to deal with emergencies and major incidents

We previously found that the service did not have adequate arrangements in place to respond to emergencies and major incidents. The service now had adequate arrangements in place to deal with emergencies should one take place during an online consultation and there was a policy available. Patients would be asked to confirm their location should urgent care need to be directed. There was an emergency button on the clinical system that staff could press which would sent an alert to the clinical lead. The service had also added a statement to inform patients that the service was not intended for use as an emergency service and they should contact the emergency services during a medical emergency.

The business continuity plan had been updated so that it included information relating to where the service would re-locate to if the current premises became unavailable.

The service previously did not have a policy in place to deal with personal data held on the computer systems should the company cease trading. We found that a policy was now in place to cover data security, protection, destruction and disposing of sensitive data. The policy was aligned with good practice guidelines from the Health and Social Care Information Centre. The service also had a contract in place which demonstrated that data was encrypted at all times.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 November 2016, we took urgent action to suspend the service as the provider was not meeting the legal requirements for providing effective services.

These arrangements had improved when we undertook a follow up inspection on 17 July 2017.

Effective needs assessment

At our previous inspection we found the service had no overall strategy for assessing the needs of patients who were requesting medicines. We found that improvements had now been made. The service had rewritten the medical questionnaires using evidence based guidance and these had been reviewed by an independent doctor. The service had also introduced restrictions on the quantity of medicines available for clinicians to prescribe.

There was now a clear system in place for processing the medical questionnaires and non-clinical staff had received training on their responsibilities in relation to this. If the clinician needed to converse with the patient there was a clear audit trail of the conversation and the clinician could also look back at previous chat history. Since the service was not yet live, this was demonstrated to us using a test account.

We previously found that the service had no system in place to monitor that prescribing followed best practice or NICE guidelines. We were told that the clinical lead would review clinical assessments as part of a quality assurance programme. We also saw that the organisation had signed up to the British National Formulary (BNF) for prescribers to use.

In the previous inspection, we found that there were examples of prescribing that put patients at risk. As the service was not operating we were unable to review any recent examples of prescribing but we were told that the service no longer offered high risk medicines. We were informed that the audit plan would include scrutiny on clinical prescribing.

Management, monitoring and improving outcomes for people

At our last inspection, there was no evidence of quality improvement activity, including effective clinical audit. The provider had since employed a new clinical lead to support quality improvement and service development. The clinical lead showed us audit tools for each specific disease area and described how they would sample consultations and prescriptions to ensure quality and safety. The clinical lead had also reviewed the clinical content of the provider's website to ensure it was correct and up to date.

Effective staffing

At our last inspection, the provider could not demonstrate how they ensured role-specific training and updating for relevant staff. The provider had since signed up to online training and implemented a training plan to support staff. A plan was also in place to ensure clinical staff received regular supervision. All staff had now had an appraisal.

Coordinating patient care and information sharing

At our last inspection, we found little evidence in relation to the sharing of information. The service now had a policy to govern consent. The system was set up so that if a patient did not give consent to share information, then a message would be displayed outlining the importance of informing the patient's GP. We also reviewed an example letter that would be sent to the patient's GP and this met the guidance set out by the General Medical Council (GMC).

Consent to care and treatment

We previously found at our last inspection that staff did not understand the relevant consent and decision-making requirements. The provider had since ensured staff were aware of the relevant consent legislation and all staff had undertaken training online for the Mental Capacity Act. The provider had also added a question to the medical questionnaire to ask patients if they needed any assistance or support in completing the questionnaire. If patients answered that they required support then a member of the customer services team would telephone the patient to provide assistance as appropriate. Clinicians told us that if they had any concerns about the answers the patient provided then they would contact the patient to discuss further.

Are services caring?

Our findings

We did not inspect this domain during our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 November 2016, we took urgent action to suspend the service as the provider was not meeting the legal requirements for providing responsive services.

These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017.

Responding to and meeting people's needs

At our previous inspection we found that non-clinical staff would receive the application for medicine and make an assessment as to the validity of the application. Since the inspection the process had been improved so that only a clinician could approve or decline an application for any medicine. All staff had received training for this. We also found previously that when requests were declined, a record of the reason for the decision was not always kept. The provider informed us that clear notes explaining the decision will now be kept and within the clinical template a decline reason is mandatory.

Tackling inequity and promoting equality.

At our previous inspection we found that there was no assessment made for the needs of patients with sensory impairment. Since the inspection the provider has provided instructions for patients on how to increase the text size on the website.

Listening and learning from concerns and complaints

At our last inspection we found that there was no information on the provider's website about how to make a complaint. Since the inspection the website had been updated to provide this information to patients.

Are services well-led?

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

Our findings

At our previous inspection on 22 November 2016, we took urgent action to suspend the service as the provider was not meeting the legal requirements for providing well-led services.

These arrangements had improved when we undertook a follow up inspection on 17 July 2017.

Vision and strategy

At our previous inspection we found that the provider did not have a strategy or business plan and staff were unaware of the provider's statement of purpose. During the inspection we found that a business plan was now in place and staff had been informed on the content of the statement of purpose, which was also displayed on the noticeboard. We were also provided with an organisational structure which previously was not in place. The service now had clear leadership in place.

Governance arrangements

Improvements had been made since the last inspection to ensure there was a system of quality improvement and we were shown an audit plan to cover clinical and non-clinical items. A risk register was in place to identify at risk patients and staff had an awareness of clinical risk.

There were structured management and team meetings in place with a set agenda to cover important topics and we viewed minutes to confirm this. Service specific policies were easily accessible to staff on the intranet and all staff knew of their location.