

# ZoomDoc

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## Letter from the Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

### We rated this service as Good overall.

The key questions are rated as: Good

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive of the service on 5 and 9 August 2022. It was a comprehensive inspection, following the service moving to a new location which was registered in April 2022. Information can be found on the following page of our website –

<https://www.cqc.org.uk/location/1-12502022209>

We had inspected the service when it was based at a different location in September 2019. The report of that inspection can be found on the archived page of our website -

<https://www.cqc.org.uk/location/1-6285862300>

ZoomDoc Ltd, (the provider) now offers a private GP service by telephone and online video consultations, bookable via a secure mobile application (app.). Service users can book a 10-minute telephone or online video consultation with a GP 24 hours a day and seven days a week. These consultations can be extended for a fixed fee charged per five minutes. Home visits, which had been available previously, are no longer provided. The service also offers a range of wellness health tests, principally using laboratory analysis of blood samples, with results being reviewed by its doctors who then provide advice to service users. In addition, the provider is a UK Government approved Covid-19 testing service, offering polymerase chain reaction (PCR) and lateral flow testing, via a contracted arrangement with a third party laboratory.

The provider is registered by the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service, which are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some services are provided to users under arrangements made by their employer and are exempt by law from CQC regulation. Therefore, we inspected only those services which are not arranged for users by their employers.

The provider has a registered manager who is registered by 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 regarding how the service is run.

At this inspection we found:

# Overall summary

- The provider had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved its processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it offered.
- The provider involved and treated people with compassion, kindness, dignity and respect.
- People could access care and treatment from the service within an appropriate timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Proceed with the planned review and consolidation of its governance policies.
- Proceed with introducing formal processes for recording and actioning patient safety alerts and good practice guidance.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP a specialist adviser.

## Background to ZoomDoc

The service is provided by ZoomDoc Ltd (the provider) which is registered by the CQC in relation to the regulated activities *Transport services, triage and medical advice provided remotely* and *Treatment of disease, disorder or injury*. The provider's registered location is Unit 2B NW Works, 135 Salusbury Road, London NW6 6RJ, which is its operational base for management and administrative staff.

The provider offers a private GP service, by telephone and online video consultations bookable via a secure mobile application (app.). Service users can book a 10-minute telephone or online video consultation with a GP 24 hours a day and seven days a week. Appointments are available at times to suit service users. They may choose from a number of duty doctors and pay for a consultation by credit or debit card only via the ZoomDoc app. When appropriate, GPs may issue prescriptions, but this is only done following online video consultations, having checked and established the service user's identity. Notes of consultations are available for service users to access and download in Portable Document Format (pdf). The service is not intended to provide care in relation to patients' long-term health conditions. People requiring such care are referred to their own GPs or a private service. Nor is it an emergency service; people with emergency healthcare needs are advised to call 999 or are directed to their local Accident and Emergency (A&E) department. In addition, the service offers a range of wellness health tests, principally using laboratory analysis of blood samples, with results being reviewed by its doctors who then provide advice to service users. The provider is also a UK Government-approved Covid-19 testing service, offering polymerase chain reaction (PCR) and lateral flow tests. To be eligible to register for an account a service user must be aged 18 or over. Parents or legal guardians may later add children under 18 years old to their primary service account after the initial registration.

The registered manager is the lead GP, who undertakes consultations as part of the service, in addition to six GPs who operate as contracted consultants. We confirmed that all the GPs working in the service are registered with the General Medical Council (GMC) with a licence to practice and are on the GP Register. They are also on the NHS National Performers List and currently working in the NHS.

Details of the service are available on the provider's website - [www.zoomdoc.com](http://www.zoomdoc.com)

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider and conducted online interviews with the registered manager, including a review of a random selection of healthcare records.

To get to the heart of people's experiences of care and treatment, we ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## **We rated safe as Good because:**

People were protected from avoidable harm and abuse. Staff had received up to date training in systems, processes and practices.

### **Keeping people safe and safeguarded from abuse**

The provider had policies relating to safeguarding vulnerable adults and child protection, both of which had been reviewed in October 2021. The registered manager was the named lead. It was a requirement for the GPs registering to work with the service to provide evidence of up to date safeguarding training. We saw the provider maintained evidence that all the GPs had received level three safeguarding training. The GPs knew the signs of abuse, had access to the provider's safeguarding policies and knew where to report a safeguarding concern. They had access to safeguarding team contact details specific to the service users' locations.

The service treated children and had a system in place to ensure that children were protected.

Registered account holders could set-up profiles for children aged under 18. The provider had processes in place requiring evidence to confirm service users who included children on their accounts had parental or guardianship responsibility for them. The provider's policy on access to the records of patients aged 11-18 had been reviewed in October 2021 and was in line with national guidance.

### **Monitoring health & safety and responding to risks**

Apart from the registered manager, the GPs working in the service were contracted as consultants and had to pass the provider's registration and vetting process before appointment. Training was provided before new GPs were given access to the service's secure operating system. The GPs carried out the telephone and online video consultations remotely. The provider instructed all GPs to conduct consultations in private and maintain the service user's confidentiality. All GPs had been made aware of the provider's confidentiality policies, last reviewed in October 2021, as part of their induction and they had signed an online confidentiality agreement during their registration process.

The provider had a range of other policies covering issues such as computer and data security procedure, a clear desk and screen policy, and email and internet usage policy to ensure the security of sensitive personal data. The GPs used an encrypted, password-protected smartphone which required fingerprint recognition to log on to their area of the service app. They could also access the operating system using a computer via a dedicated secure practitioner console, which was password-protected and required an access verification code. GP's service accounts could be suspended immediately to prevent unauthorised access to the system, should their equipment be lost or stolen. The service app. had a system failure protocol to ensure continuity of service. The provider had full and accessible data backups so that in the event of any system failure, data could be restored allowing normal operations to be resumed quickly and effectively.

The service was not intended for use by people with long term conditions or in emergencies.

The provider made it clear to patients what the limitations of the service were. The provider informed patients they were unable to prescribe high-risk medicines, including morphine-based medicines, strong sleeping tablets or medicines that would normally be prescribed (or require close monitoring) by a specialist. There were processes in place regarding assessing and escalating risk. The GPs rated clinical consultations for risk, and they could contact the registered manager

# Are services safe?

to discuss any issues when necessary. There were systems in place to ensure the location of the service user was known at the beginning of the consultation. The provider's emergency protocol stated patients should be advised to call 999 in an emergency. If the GP was in any doubt regarding the service user's ability to do so, or if the patient was alone, the GP would call 999 as the practitioner.

We saw evidence of regular management meetings taking place, with standing agenda items including significant events, complaints, actions and business development. In addition, we were shown a dedicated online networking platform which had been set up so that information and service issues could be effectively disseminated and discussed with the GP team. No patient-identifiable information was recorded.

The provider had various policies covering such issues as lone working, health and safety and fire safety. We were shown evidence that the provider maintained a record of the training undertaken by GPs working in the service, including training they received related to their NHS work, to ensure they were up to date in mandatory training requirements. This was monitored by the registered manager who ensured refreshers were provided when due. If training refreshers were not up to date, the GPs would be suspended from working in the service until evidence was provided and recorded.

Three staff including the registered manager were based at the service location. We were shown evidence that appropriate risk assessments, for example relating to fire safety and premises security, had been carried out in February 2022. All the electrical equipment was under one year old and not yet due inspection and safety testing.

## Staffing and Recruitment

We saw records relating to current service uptake. There were enough GPs to meet the demands. The GPs were paid on a per consultation basis. The registered manager was available to discuss concerns during consultations. The provider had arrangements for appropriate technical support over IT issues relating to the service.

The provider had an up to date recruitment policy and appropriate processes for selecting and appointing staff. Various steps were necessary prior to new staff being appointed, such as seeking two references and Disclosure and Barring Service (DBS) checks being undertaken. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The GPs were contracted by the provider as consultants. The provider stipulated that the GPs must currently be registered with a licence to practice by the GMC and be on the GP register. They must also be working as a GP in the NHS. They were required to provide an up to date NHS appraisal and certificates relating to their qualifications and mandatory training such as safeguarding, infection prevention and control and basic life support. Newly recruited GPs were supported during their induction period in accordance with a suitable induction plan. GPs did not start undertaking consultations until they had completed a face-to-face trial session with the registered manager and met all service requirements. The GPs' professional indemnity cover, arranged by the provider, covered telephone and online consultations.

We reviewed three sets of recruitment and employment records which showed the necessary documentation was maintained. The staff record system triggered alerts, which were monitored by the registered manager, when refresher training and insurance renewal became due.

## Prescribing safety

# Are services safe?

We found all medicines prescribed to patients were monitored by the registered manager to ensure prescribing was appropriate and evidence-based. If a medicine was deemed necessary following a consultation, the GPs issued private prescriptions electronically to the pharmacies service users had nominated when they set up their service accounts. The provider had up to date policies and prescribing protocols in relation to telemedicine (phone and video consultations) which had last been reviewed in October 2021.

The provider had prescribing protocols which contained clear guidance on medicines that could be prescribed by GPs. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed and which did not include any controlled drugs. The policies restricted the maximum length of prescriptions to two months for adults and one month for children. No prescriptions were issued for children under two-years old. The policies stipulated that no medicines that required long-term monitoring and no off-licence medicines should be prescribed. Treating patients with off licence medicines is higher risk than treating patients with licensed ones, because they may not have been assessed for safety, quality and efficacy for a condition not included in the licence. The Medicine and Healthcare products Regulatory Agency (MHRA) guidance states that off licence medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that off licence medicines may be necessary where there is no suitable licensed medicine.

The prescriptions were only issued after an online video consultation, when the service user's identification had been verified. The prescriptions were produced electronically, containing the provider's name, logo and included the issuing GP's name, GMC number and contact details. It was the prescribing GP's responsibility to liaise with the pharmacy to ensure receipt of the prescription and to post the original form to the pharmacy within 72 hours. The registered manager told us GPs gave service users relevant instructions such as when and how to take the prescribed medicine, its purpose, any likely side effects and what they should do if they became unwell. The registered manager told us a tab would be added to the service system records for GPs to confirm the information had been provided. When emergency supplies of medicines were prescribed, there was a clear record of the decisions made and the service contacted the patient's NHS GP to advise them.

The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics, which was based on national guidance. GPs also had access to any local guidance relevant to their locations. The registered manager monitored all prescribing and we saw the monitoring records and two annual audits that had been conducted. We reviewed the audits and the registered manager agreed there was scope for more reflection and commentary to be recorded. This included further review and consideration of the use of higher risk antibiotics such as co-amoxiclav. We saw that in the past diazepam had been prescribed for short term use, only following a home visit and face to face physical examination. However, home visits were no longer offered, and the telemedicine prescribing policy prohibited all prescribing of hypnotics and benzodiazepines.

## Information to deliver safe care and treatment

When people registered to use the service there were processes in place to verify their identity using their mobile telephone numbers, email addresses and credit card details. Before a telephone consultation could commence, GPs verified the user's mobile telephone number which had been registered for the account. At each online video or face-to-face consultation, unless they were known to GPs previously, patients were required to confirm their identity using photographic evidence such as their passports or driving licences if a prescription was to be issued. People could register their children on the main account. They were informed when registering and when later booking an appointment for a child that the consultation would be declined if they failed to confirm their identity and evidence of parental or guardianship responsibility. GPs made a record of the evidence produced in the notes of the consultation.

# Are services safe?

The GPs could access the users' previous service records using the service app on their smartphones or by computer via the practitioner console on the service website. Both methods were secure, requiring authenticated log ins. The provider was registered with the Information Commissioner's Office. We reviewed eight sets of care records and saw that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Risks related to service users' diagnoses and other health and wellbeing issues were noted in users' records.

## Management and learning from safety incidents and alerts

The provider had systems in place for identifying, investigating and learning from incidents relating to the safety of service users and staff members. The relevant protocol had been reviewed in October 2021. There was an electronic significant event record form for GPs and staff to complete and submit for review by the registered manager. There had been no significant events in the past 12 months.

The provider had a "*Being Open*" protocol and another relating specifically to the Duty of Candour, covering a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Both policies had been reviewed in October 2021.

The provider received patient and medicine safety alerts issued by the NHS Central Alerting system and had a process for reviewing and disseminating those relevant to the service to the GP team. These were disseminated via the GP group networking platform, but not otherwise formally recorded. The registered manager confirmed a record would be introduced and maintained moving forward.



# Are services effective?

## We rated effective as Good because:

People had good outcomes because they received effective care and treatment that met their needs. They had comprehensive assessments, which included consideration of their clinical needs, mental and physical health and wellbeing.

### Assessment and treatment

The provider had a governance policy stipulating that GPs assessed service users' 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. These were disseminated to the GP group via the networking platform, but not formally recorded. The registered manager confirmed a record would be introduced and maintained.

We reviewed ten sets of care records relating to eight service users with the registered manager. Nine of these demonstrated that GPs assessed people's needs and delivered care in line with relevant and current evidence-based guidance and standards. However, we identified one instance in which the care provided did not accord with NICE guidance. The registered manager agreed to discuss the matter with the GP concerned and raise the issue as a learning point for discussion among the GP group.

When people registered for the service, they were required to complete a personal profile. This recorded information such as their past medical history, personal details, date of birth, drug allergies and their NHS GP details, together with consent to update the NHS GP on all consultation details. The service offered telephone and face-to-face consultations by online video. We were told that each telephone or online consultation lasted for 10 minutes. If the GP had not reached a satisfactory conclusion there was a system in place where they could charge an extra fee for each additional five minutes required to make a full assessment of the user's needs.

The provider and GPs were aware of both the strengths of the telemedicine service, for example speed, convenience, choice of time, and the limitations such as the inability to perform physical intimate examination due to a chaperone not being available. They worked carefully to maximise the benefits and minimise the risks for service users. If a patient needed further examination, they were directed to an appropriate agency, either the service users NHS GP or a private service. If the provider could not deal with the user's request, this was explained to them and a record kept of the decision. The records we reviewed were written and managed in a way that kept users safe. Records were stored securely, with access limited to the registered manager and authorised staff for monitoring purposes. The registered manager told us relatively few referrals were made to secondary care. When they were warranted, a secure system was used to share necessary information.

### Quality improvement

There was evidence of quality improvement activity, such as annual auditing and an ongoing review of all consultations, and by each GP working in the service, recording the diagnoses and any prescriptions issued. The registered manager reviewed all the consultations and a sample were discussed with each GP as part of their regular performance reviews and annual appraisals. The process included monitoring diagnoses and prescribing to identify trends.

### Staff training

The GPs engaged by the provider received specific induction training prior to treating patients. An induction log was maintained in the staffing records and signed off when completed. The GPs had to complete video training to enable

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them to operate the service software. Supporting protocols were available as guidance on computer and data security procedures, information about how the IT system worked, and information about accessing patient records and the clinical notes recording process. When the IT system was updated, GPs were provided with guidance and received further online training.

The GPs had been given role-specific training and the provider had a monitoring system in place which identified when refresher courses were due. This included a record of the training the GPs had received as part of the NHS roles. We reviewed three training records for GPs, which showed they were up to date in mandatory training, for example safeguarding vulnerable adults and child protection, basic life support, infection prevention and control and information governance. It included a record of training relating specifically to the Mental Capacity Act (MCA) and people's capacity to consent to treatment, which had not been maintained at our previous inspection. The GPs received regular performance reviews which were documented on their staff records.

## Coordinating patient care and information sharing

When people opened a service account the provider asked for consent to share details of their consultations with their NHS GPs. If the patients did not agree to this, but urgent healthcare issues were identified at the consultation, the GPs would discuss sharing information with them again to seek consent. We were told that if service users agreed during the consultation, copy correspondence would be sent to their registered NHS GP in line with GMC guidance, in a way that ensured data was protected. The registered manager agreed that a tab would be added to the records within the app to confirm that consent had been requested. There were arrangements with a contracted third party laboratory for services users to undergo diagnostic testing, where warranted, with results being provided by secure means, reviewed by the registered manager and recorded and actioned appropriately.

The provider had a teenager confidentiality policy. After consultations with teenagers, encrypted clinical notes or referral letters were added to the main service account record with the user's consent.

## Supporting patients to live healthier lives

The GPs provided service users with lifestyle advice appropriate to their needs. The service identified patients who may be in need of extra support and provided links to websites which contained helpful information or signpost to the relevant agency or provider. Under a third party arrangement, the service offered a range of wellness health tests, principally using laboratory analysis of blood samples, with results being reviewed by its doctors who then provided advice to service users.

In addition to the GP service, the provider offered a range of wellness health tests, principally using laboratory analysis of blood samples, with results being reviewed by its doctors who then provided advice to service users.

# Are services caring?

## **We rated caring as Good because:**

People were supported, treated with dignity and respect and were involved as partners in their care. Feedback from people who use the service was positive about the way they were treated.

### **Compassion, dignity and respect**

The provider instructed GPs to conduct telephone and video consultations in a private room, where they would not be disturbed, and patients were advised to do the same to protect their privacy. The provider carried out random performance reviews to ensure the GPs were complying with the required standards and communicating appropriately with service users. Feedback arising from these performance reviews was relayed to the GP. Any areas of concern were followed up and the GP was again reviewed to monitor improvement.

We did not speak to service users directly as part of the inspection but obtained feedback from ten via the CQC website in preparation. All were consistently positive regarding their experience of the service. We also saw evidence from an established online review site that indicated high user satisfaction, with the service rated 4.8 out of 5, based on 1,465 reviews over a two-year period. The provider monitored and responded to the reviews when appropriate. In some cases, these reviews and comments were treated as complaints and investigated under the provider's complaints process. In addition, the service app allowed users to provide direct feedback after each consultation. All feedback was reviewed at management meetings to drive improvement.

### **Involvement in decisions about care and treatment**

Information about how to use the service and technical issues were available on the service website. During the operating hours 9:00 am to 6:00 pm the registered manager and administrative staff were available to handle telephone calls or online contacts. The registered manager was often available outside those times to respond to any enquiries.

Service users had access to information about the GPs working for the service and could book a consultation with a duty GP of their choice. For example, whether they wanted to see a male or female GP. Users could access and download the notes of their consultations via the service app.

We reviewed ten sets of consultation records and found they were personalised and person-specific indicating users were involved in decisions about their care and treatment.

The six GPs currently working in the service had a range of languages in addition to English, allowing patients a further element of choice. We were told that due to the set-up of the service, users invariably spoke English sufficiently well, although occasionally an English speaking relative or friend might need to be involved in the consultation.

# Are services responsive to people's needs?

## We rated responsive as Good because:

People's needs were met through the way the service was organised and delivered. People could access the right care at the right time. It was easy for people to complain or raise a concern and they were treated compassionately when they did.

## Responding to and meeting patients' needs

Service users could request a telephone or online video consultation. The GPs logged into the service system when available to work and users could see from the service app, which GPs were on duty. They could request an appointment with a specific GP and choose a convenient time slot. When making the request, the user recorded a short summary of their symptoms, which was then passed on to the GP of their choice.

The service provided medical assessments, remote clinical examination, diagnoses, prescriptions and referral letters for private hospitals or private consultants. Users could register and access the service using a smartphone or tablet computer, using iPhone or Android apps. The service offered flexible appointments at all times which could be booked to meet the needs of service users. It was not intended for emergency use. User who had a medical emergency were advised to ask for immediate medical help via 999 or attending A&E, or if appropriate to contact their own GP or NHS 111. The provider's protocol stated that where GPs had concerns for a person's wellbeing in an emergency, they should call 999 as practitioners.

Service Users could book consultations for a set fee. The telephone and online consultations lasted 10 minutes. However, we were told that GPs might extend the consultations at additional cost if they had not been able to make an adequate assessment or provide treatment. The consultation fees and the service terms and conditions were set out on the provider's website and within the service app. Users were able to contact the service free of charge within 24 hours of the consultation to discuss any concerns. They could discuss their care with any on-call GP or request to speak to the GP who had conducted their consultation. If the same GP was not available then patients were able to set an alert via the service app for a call back, to ensure the continuity of care.

The app allowed UK residents registered with the service to make contact from abroad, if on holiday or away on business, for example, but all GPs working in the service were required to be based within the United Kingdom, working for the NHS and be registered appropriately with the GMC.

The provider made it clear to users what the limitations of the service were. For example, the private prescriptions were only issued by the GP after a video consultation, when the user's identity had been confirmed, and that face to face examinations could not be carried out.

## Tackling inequity and promoting equality

The provider offered consultations to anyone who requested one and who had paid the appropriate fee and it did not discriminate against any client group. People could access a brief description of the GPs currently available and choose either a male or female GP or one who spoke a particular language or who might have a particular special interest.

## Managing complaints

The provider had a formal complaints policy and procedure, setting out appropriate timescales for dealing with the complaint. There was escalation guidance within the policy which included the complainant's right to escalate the

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complaint to the Centre for Effective Dispute Resolution if dissatisfied with the response. We noted there was limited information regarding the process on the provider's website and the registered manager confirmed this would be addressed. In addition, we saw service users had the option to register complaints using the online review website, which the provider monitored. Complaints were a standing agenda item for management meetings. The meeting minutes provided evidence that complaints were reviewed and used to drive improvement. We saw that 20 user contacts from the review website had been treated as complaints over the past 12 months. Two more were submitted by email and two others as feedback via the service app. None related to clinical issues. We saw they had been addressed speedily - the same day - and effectively, with patients being given a satisfactory response. We saw evidence that the provider had given the service users an honest explanation and, where appropriate, an apology with a full or partial refund. There was evidence of learning and remedial action stemming from the complaints, relating to technical issues of the service app. and users being given more information about processes.

## Consent to care and treatment

The provider had policies in place relating to people's consent to treatment. These had last been reviewed in October 2021 and covered for example, children's consent in accordance with the Gillick principals – designed to assess and establish a child's capacity to consent – and the Mental Capacity Act (MCA). The provider required GPs to seek people's consent to care and treatment in line with legislation and guidance. Verbal consent was requested and recorded in the consultation notes. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the person's capacity and recorded the outcome of the assessment.

There was clear information on the provider's website and within the service app. setting out how the service worked, and the costs involved. It included a set of frequently asked questions providing additional guidance and contact details for service enquiries. Service users were able to make informed choices; the cost of the consultation was known and paid for in advance. Any additional costs, such as a prescription fee, extended consultation time necessary to establish the full facts, referral letters or medical certificates, were added to the bill following the consultation and documented in the consultation notes. All payments were made using the credit or debit card details saved on the system when the user had set up their service accounts and verified by a commercial system.

# Are services well-led?

## We rated well-led as Good because:

The leadership, governance and culture promote the delivery of high-quality person-centred care. The service was transparent, collaborative and open about performance.

### Business Strategy and Governance arrangements

The provider had a clear vision to develop the business in order to provide a high-quality responsive service that put caring and patient safety at its heart. Its aim and objectives were set out in its statement of purpose, which had been recently revised as home visits were no longer being offered. There was a business plan that included the expansion of some of the services provided. There were various checks in place to monitor the performance of the service, including monitoring all consultations. Consultation records were accurate and securely kept. The registered manager agreed to add two tabs to the system templates to record requesting people's consent to their records being shared with their NHS GPs and that they had been given necessary guidance and information regarding any prescriptions issued.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including monitoring consultations, significant events, complaints and user feedback.

The provider had a range of governance policies and protocols, which we discussed with the registered manager. These had been reviewed last in October 2021, but would benefit from further review, streamlining and consolidation. For example, there were nine separate documents relating to various aspects of information governance and confidentiality, and some inconsistency in identifying designated roles. The registered manager told us the policies would be reviewed and revised accordingly.

### Leadership, values and culture

The registered manager worked daily within the service and had overall responsibility for any medical issues relating to the service provision. There were adequate staffing arrangements to meet current service demands and capacity and provision for increasing staff as the business developed.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the provider would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by operational policies, covering the Duty of Candour and "*Being Open*" and demonstrated by evidence we saw relating to the handling of complaints.

### Safety and Security of Patient Information

Systems were in place to ensure that all service user information was stored and kept confidential. The provider had a range of policies relating to confidentiality and information governance and there were strict arrangements to protect the security of all service user information. Systems had been established that restricted unauthorised access to records. The provider was registered with the Information Commissioner's Office. There were system failure procedures relating to the service app and IT system and data security procedures operated to minimise the risk of losing users' data. The provider had arrangements in place to ensure that users' records could be retained for the required length of time should it cease to trade.

### Seeking and acting on feedback from service users and staff

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The service app. allowed users to rate their experience after each consultation and provide feedback and this was encouraged. The ratings and feedback were monitored by the registered manager and, if negative, triggered a review of the consultation to address any shortfalls. Ratings for individual GPs appeared next to the GPs' profile on the service app. screen.

In addition, users could submit comments and ratings via an established online review site, which was monitored by the provider and responded to. Some of these reviews had been actioned as complaints and led to technical improvements and system changes.

Staff were able to provide feedback and suggest changes and improvements at their performance reviews and via a dedicated online networking platform set up by the provider.

This was a means of sharing information, peer support and to monitor the service and resources. All GPs had an annual service appraisal which was conducted by the registered manager. The provider had a whistleblowing policy in place. A whistle-blower is someone who can raise concerns about practice or staff within the organisation.

## Continuous Improvement

The provider consistently sought ways to improve. This was supported by a governance policy "*Continual Review and Quality Indicators*".

Consultations, diagnoses and prescribing were routinely monitored to identify improvement opportunities. All staff were involved in discussions about how to run and develop the service and were encouraged to participate in the improvement process. We saw evidence of this from information was shared via the GP networking platform and from minutes of meetings where business development was discussed.