

Doctor Care Anywhere

Inspection report

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2023
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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	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires Improvement 

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Requires Improvement overall. (Previous inspection September 2019 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out this announced comprehensive inspection of Doctor Care Anywhere 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.

Doctor Care Anywhere provides private online GP and ANP (Advanced Nurse Practitioners) appointments via video and phone consultations. The Chief Medical Officer is the registered manager. 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.

At this inspection we found:

- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The provider had systems in place to protect people from avoidable harm and abuse
- The service routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a comprehensive business development strategy that monitored the service provided to assure patient satisfaction.
- The governance arrangements in relation to monitoring, auditing and staff resources needs to be reviewed to ensure prescribing protocols are adhered to by all clinicians and consultation notes meet GMC standards.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The provider had established a Management and Leadership Academy and had developed an Apprenticeship program to encourage their staff to complete more enhanced learning.

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

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

Overall summary

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

- Review the mechanisms for disseminating information about incidents in order to be confident that all staff are made aware of any learning from incidents.
- Continue to focus on and review staff engagement.
- Review the arrangements for all teams in relation to formal team meetings.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included, a specialist adviser, a member of the CQC medicines team and a second inspector.

Background to Doctor Care Anywhere

Doctor Care Anywhere provides private online GP and ANP (Advanced Nurse Practitioners) appointments. They are one of the largest providers of telehealth services. The service is provided for both self-funding patients and members of other organisations with whom the service has contracts in place. Self-funding patients either pay a subscription (monthly or annual plans are available) or purchase a one-off consultation each time they use the service. Consultations with employees of corporate clients and members of insurance companies are funded according to the respective terms agreed with each organisation. The service's registered offices are located at 13 -15 Bouverie St, Temple, London EC4Y 8DP.

Patients can book appointments at a time to suit them, with a doctor or Advanced Nurse Practitioner of their choice, via a phone app, or online portal, developed by the service. Clinicians working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists. The provider carries out approximately 65,000 consultations a month.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, doctors and advanced nurse practitioners and members of the management and administration team.

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

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

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

Are services safe?

We rated safe as Requires improvement because:

- The provider had a Recruitment policy and procedure in place, however we noted that it was not always followed. When we reviewed some of their recruitment files, we found they did not all have the necessary documentation to evidence the ANPs had the necessary experience and competence to consult in all the areas expected.
- We noted that the number of staff allocated to auditing the daily prescribing was insufficient for an organisation with more than 400 prescribers. They had not identified that some clinicians had prescribed outside their prescribing protocols and evidence-based guidelines. Further, the reasons for deviating away from these were not sufficiently documented in the clinical notes.

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern. The provider had a number of areas where staff could access information about reporting (both internal and external) safeguarding concerns. For example, they had a Safeguarding Hub on their intranet with clear guidance on how to deal with a safeguarding case. This was accessible by all staff. There was also a clear protocol on how to escalate concerns, including how to contact mental health Crisis teams. Staff were aware of the service's safeguarding leads and where to go for guidance if they were not available. The safeguarding leadership team were all trained to level four, all the clinicians had received adult and level three child safeguarding training and all other staff were trained to level two. It was a requirement for the GPs registering with the service to provide evidence of up-to-date safeguarding training certification. Safeguarding was also discussed in the weekly clinical meetings, monthly supervisions with the clinicians and at quarterly Safeguarding committee meetings.

The service treated children and there was information in their protocols of how to contact Children and Adolescent Mental Health Services (CAMHS) and specific contact details for all areas of the country.

Monitoring health & safety and responding to risks

The Chief Risk Officer (CRO) and their team were responsible for ensuring appropriate systems were in place and were operating effectively across the organisation. Their area of responsibility included Data Protection, Clinical Governance and Safety and Enterprise Risk Management. The supporting team carried out a variety of checks daily and weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings. The CRO also attended monthly Board meetings to report on risk and compliance.

The provider headquarters was located within modern offices which housed the IT system and a range of administration staff. Patients were not treated on the premises as clinicians carried out the online consultations remotely; usually from their home. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all clinicians would conduct consultations in private and maintain patient confidentiality. Each GP and ANP used an encrypted, password secure laptop to log into the operating system. Clinicians were required to complete a home working risk assessment to ensure their working environment was safe.

Are services safe?

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.

All clinical consultations were rated by the clinicians for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention. Consultation records could not be completed without a risk assessment. Where immediate concerns were identified risk was reviewed with the help of the support team and clinical director. All risk assessments were discussed at weekly clinical meetings. There were protocols in place to notify Public Health England of any patients who had notifiable infectious diseases.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed. The provider also had clinical pathways in line with national guidance.

Staffing and Recruitment

There was a rota for the clinicians in place and there were enough clinicians to meet the operational demands for the service. However, we noted that the number of staff allocated to auditing the daily prescribing was insufficient for an organisation with more than 400 prescribers. For example, during our inspection provider records highlighted that some clinicians had prescribed outside of the providers prescribing protocol. However, this had not been identified by the provider's audit systems. There was a support team available to the clinicians during consultations and a separate IT team. The prescribing clinicians were paid on an hourly basis.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Potential GP/Doctor employees had to be currently working in the NHS and be registered with the General Medical Council (GMC) with a license to practice. They also had to provide an up-to-date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. Advanced Nurse Practitioner were also required to be registered with the Nursing and Midwifery Council (NMC). The organisation provided professional indemnity cover (which included cover for video consultations) for all clinicians.

The clinicians could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the clinicians and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Newly recruited clinicians were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that clinicians did not start consulting with patients until they had successfully completed several test scenario consultations and were supported during their first consultation by another clinician.

The provider had a Recruitment policy and procedure in place, however we noted that it was not always effective. During our inspection we found the provider had recently recruited a considerable number of ANPs in a short space of time and had enlisted the help of an external agency to carry out some of the recruitment of these staff on their behalf. However,

Are services safe?

when we reviewed some of their recruitment files, we found they did not all have the necessary documentation to evidence the ANPs had the necessary experience and competence to consult in all the areas expected. This was not in accordance with the provider's recruitment policy. We found the nurses who were recruited externally had not undergone a thorough assessment of their skills and the provider could not confirm they were consulting within their scope of competence. We raised this with the provider during the inspection, who immediately stopped them being able to carry out consultations and carried out an immediate internal assessment of those staff. The provider told us that they had identified some ANPs required additional training and support whilst undertaking their Post Start Reviews which had coincided with the inspection. As a result they had decided to disengage them, all of whom had been recruited through the agency.

Prescribing safety

There was some monitoring of medicines prescribed to patients during a consultation (to ensure prescribing was evidence based) but we found this was not always effective. We were told if a medicine was deemed necessary following a consultation, the clinicians could issue a private prescription to patients and that they could only prescribe from a set list of medicines which the provider had risk-assessed. However, whilst reviewing patient records we found there were some instances where clinicians had prescribed outside the provider's prescribing protocols/evidence based guidelines and the reasons for deviating away from these were not sufficiently documented in the clinical notes. We raised our concerns with the provider during the inspection and they immediately amended their computer system. We noted on the final day of inspection that clinicians could only prescribe medicines contained in their formulary. We noted that this was immediately communicated to all their clinicians.

There were no Controlled Drugs on this list, however we found there had been occasions when some had been prescribed in an emergency. There was a clear record of the decisions made and the service contacted the patient's regular GP to advise them. However, during our inspection the computer system was also amended to ensure that clinicians could no longer prescribe these without getting approval from the senior clinical team and providing evidence as to why these drugs should be prescribed. There were systems in place to prevent the misuse of these medicines.

Once the GP prescribed the medicine and dosage of choice, 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.

They advised us they were not prescribing medicines for patients with long term conditions, during our inspection we found medicines had been prescribed for conditions such as asthma, diabetes and high blood pressure. We were told that they had prescribed these on an emergency basis only, however they amended their formulary/systems that clinicians could no longer prescribe these medicines without approval from the Chief Medical Officer.

There were systems in place to monitor prescribing, both what was being prescribed and the amount of prescriptions. Information was obtained on a weekly basis and discussed in the clinical meetings and the Chief Medical Officer provided reports to the board on a monthly basis.

We were advised that patients could choose a pharmacy where they would like their prescription dispensed. The prescription could be dispensed and delivered direct to the patient or to their preferred local pharmacy for collection by the patient.

Information to deliver safe care and treatment

Are services safe?

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

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. The provider had an electronic incident management system for which all staff had received training. We reviewed a number of incidents and found that these had been fully investigated, discussed and actions taken to improve processes. For example, clinicians had expressed concern about not always receiving tests results and/or the amount of time it took for some test results to be returned. Results were cross referenced with patient data which highlighted that results were being received but not processed appropriately, which was partly due to human error and partly due to the automated process. Amendments were made to the electronic system and refresher staff training was rolled out to all relevant staff.

We were told by the provider that learning from incidents was communicated to staff by way of discussions at team meetings and through Bulletins. However, we were told by some staff that they were not always made aware of learning from incidents.

The provider carried out a quarterly review of incidents and analysis of trends.

We saw evidence from incidents which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

We were shown records of the action taken in response to recent patient safety alerts.

Are services effective?

We rated effective as Good because:

Assessment and treatment

Patients could access notes of their consultations through the online portal. The portal also allows patients to monitor data about their health and track any symptoms; this information is available to consulting clinicians as part of the patient's medical record.

The medical records we reviewed demonstrated that clinicians 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.

We were told that each telephone and online consultation with GPs lasted for fifteen minutes and consultations with ANPs lasted for twenty minutes. If the clinicians had not reached a satisfactory conclusion the appointment length could be extended.

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. We reviewed a number of medical records which were complete records. We saw that adequate notes were recorded in most cases and the clinicians had access to all previous notes.

The clinicians 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 referred to appropriate services or back to their NHS GPs. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. Prescribing audits were carried out on a monthly basis and 2% of all clinicians' notes were audited on an annual basis. There was increased monitoring of both prescribing and patients records for all new clinicians.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends. They carried out a range of audits on an annual basis that included Antimicrobials, Asthma (SABA use), Oral Steroids, NSAIDs/Analgesia and prescribing for UTI infections. They also had a Quality Improvement Forum where lessons learnt were identified and shared amongst staff through a variety of different channels including monthly clinical management bulletins, quarterly out of hours clinical meetings, (which all clinicians were invited to attend) and team meetings.
- The provider had carried out an audit of the prescribing Hormone Replacement Therapy (HRT) medicines. They looked at a sample and reviewed what was being prescribed based on the information they had taken in regard to a patient's health history and what had been prescribed. The findings from the initial audit demonstrated that not all criteria was

Are services effective?

being met in relation to history taking. The outcome was fed back to clinicians, the medicines policy was updated to provide further guidance and further training was provided. The follow up audit showed improvements in history taking, more appropriate prescribing and more positive patient feedback in relation to alleviating their symptoms. The HRT audit was repeated quarterly.

Staff training

All staff completed induction training which consisted of Safeguarding adults and children, Privacy and Security, Incident Management, Mental health Awareness, Equality and Diversity, Duty of Candour and Basis life Support. Staff also completed other training on a regular basis such as Harassment and Bullying, Fire Safety and Infection Prevention and Control. The service manager had a training matrix which identified when training was due.

The GPs registered with the service received specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a GPs handbook, how the IT system worked and aims of the consultation process. All clinicians had a review after their first six weeks of employment. There was also a newsletter sent out when any organisational changes were made. The GPs told us they received good support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, the GPs received further online training.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals before being considered eligible at recruitment stage. All clinicians also received an 'in-house' appraisal on an annual basis, which specifically focused on their on-line work.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

GPs entered the referral information onto the computer system including where the patient wanted to attend. The head office used this information to generate a referral letter to the patient's NHS GP which was sent to the patient.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website (or links to NHS websites or blogs). For example, they had a 'My Health' app which provided a range of resources to support patients' mental wellbeing.

Are services effective?

In their consultation records we found patients were given advice on healthy living as appropriate.

Are services caring?

We rated caring as Good because:

Compassion, dignity and respect

We were told that the clinicians undertook video and telephone consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. Feedback arising from these spot checks was relayed to the GP. Any areas for concern were followed up with further reviews of their consultations to monitor improvement.

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information which was extremely positive. At the end of every consultation, patients were sent an email asking for their feedback. We noted the response rate was approximately 15 percent, which was approximately 6000 patients. They had all indicated that all clinicians were polite and that they felt listened to. The provider had also collated the negative comments and had formulated an action plan to address them.

Involvement in decisions about care and treatment

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

Patients had access to information about the clinicians working for the service and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female and GP or an ANP. The clinicians available could speak a variety of languages.

The latest survey information available from approximately nine thousand responses indicated that patients were satisfied with the explanation of their condition. The survey questions asked included did clinicians take time to listen and gave useful advice and how likely are you to recommend the service to a friend or colleague.

Patients could have a copy of their video consultation if they made a written request for a copy of the recording to the provider.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting patients' needs

Consultations were provided seven days a week, 365 days a year. Appointments were booked via the provider's website to request a consultation was all day every day. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The provider's digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to a pharmacy of the patient's choice or it was clear to patients that they could only use a dedicated pharmacy.

Patients signed up to receiving this service on a mobile phone (iPhone or android versions that met the required criteria for using the app). The service offered flexible appointments between 8:00am and 8:00pm to meet the needs of their patients.

The provider made it clear to patients regarding the limitations of the service.

Patients requested an online consultation with a clinician and were contacted at the allotted time. The maximum length of time for a consultation was twenty minutes. However, we were told that clinicians could extend the consultations if they had not been able to make an adequate assessment or give treatment.

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.

Patients could access a brief description of the clinicians available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific qualification. Type talk, which is a national telephone relay service for people with communication difficulties.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. All complaints were logged and managed via an electronic complaints and incident system, therefore allowing the senior management staff to have full visibility of all complaints and tracking to ensure they are managed appropriately. They had a specific form for the recording of complaints which staff could access via the internal computer system. We reviewed the complaints system and noted that comments and complaints made to the service were recorded and responded to in line with their policy.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff via a range of different forums.

Consent to care and treatment

Are services responsive to people's needs?

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 was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription or medical certificate were handled by the administration team at the headquarters following the consultation.

All clinicians had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through audits of patient records.

Are services well-led?

We rated well-led as Requires improvement because:

- We found some staff were not always aware of their own roles and responsibilities and that of other managers. During our discussions with staff there were assumptions that others were doing work with regards to oversight and monitoring and as a result, senior GP leads and the pharmacists did not have good oversight of prescribing.
- The provider carried out more than sixty thousand consultations in June 2023 and twenty thousand of these resulted in an prescription. However, we were not confident that the resources allocated to monitoring prescribing was adequate.
- Auditing arrangements were not always effective, as they had not identified concerns we found. For example, our records review identified that some consultation notes were not achieving adequate standard for patient records keeping and this had not been identified by the provider.
- The provider did not have sufficient oversight of recruitment when they had contracted an agency to recruit ANP's on their behalf.
- We were unable to assess at this inspection whether the changes made during the inspection would be embedded and sustained as the provider continued to upscale.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. Their mission was to be the primary care provider of choice for digital healthcare by providing quality care to patients, offering

24/7 access to clinical services 365 days a year. We reviewed business plans and they clearly set out their strategic goals which placed patients at the heart of it. For example, a key goal was to deliver a safe and well-led clinical service that continuously demonstrated its effectiveness and improvements based on feedback of the patients' needs.

Governance arrangements did not always operate effectively in that some staff were not always aware of their own roles and responsibilities and that of other managers. During our inspection we noted a lack of clarity regarding roles and responsibilities for prescribing oversight. Further, given the fact that the provider had carried out more than sixty thousand consultations in June 2023 and twenty thousand of these resulted in an prescription however, we were not assured adequate resources were being allocated to monitor and ensure safe prescribing

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. However, these checks were not always effective, as they had not identified the concerns we found in some patients records in relation to clearly documenting the reasons for prescribing outside evidence-based guidelines and/or deviating from the medicines management protocols.

Our clinical records review also identified variation in the quality of the clinical records and that a small amount of records were not meeting the GMC guidance for patient consultation notes. For example, information in relation to concerns, including any minor concerns, and the details of any actions taken, information shared and decisions that have been made relating to those concerns were not always evident. This had not been identified by the provider.

Although during our inspection the provider made changes to the computer system and had increased the amount of patient records that would be audited on an annual basis, we were unable to assess at this inspection whether these changes would be embedded and sustained as the provider continued to upscale.

Are services well-led?

The provider had an extensive Risk Management Framework in place and the associated risk management standard provided guidance to staff in relation to the management of all risks. The Operational Risk Committee and the Board subcommittee the Audit & Risk Committee received reports on a monthly basis.

There was a range of service specific policies which were available to all staff. These were reviewed annually (or when there was a change in guidance) and updated when necessary.

Leadership, values and culture

In the past year DCA has transitioned from a small to medium size business and as such there has been considerable change within the service. This had impacted on the leadership, the operations and the culture of the organisation. A number of senior staff left the organisation and there was a change in the operational model that included the launch of varied length appointments, introduction of ANPs, and a considerable increase in number of staff employed in all areas. There were also changes made to the hours made available to GPs on annualised contracts. We were told that the increase in patient demand, meant DCA needed to ensure a more appropriate management of supply and therefore the changes to the contract were necessary. We received feedback from some staff who had expressed concern about the way in which some of the changes were implemented.

The provider had a number of forums where the consulted and communicated with staff that included monthly 'Town Hall' meetings where all staff were invited to attend, weekly team and clinical meetings, 'launch and learn' lunch sessions and staff bulletins. Staff also had access to an Employee Assistance Program (EAP) to support staff wellbeing. We noted the provider had also launched an engagement strategy in June 2022 to measure the impact and engagement from staff across DCA when staff engagement in the change process was very low. The strategy included a Pulse survey which asked three questions to gauge how staff felt about working at DCA. They had completed one full survey and three quarterly surveys at the time of our inspection. The initial response in terms of staff response was fifty percent and the satisfaction score was average. However, we noted there had been some improvement in staff response, it had increased to sixty percent, and there was also an improvement in staff satisfaction score over this period, with the latest results from June 2023 being extremely positive.

The provider had implemented various ways for clinicians to provide feedback (including anonymously) in order to further understand their concerns, have honest conversations and dispel any misinformation. The senior management team told us they had worked hard to create a culture of inclusion and engagement over the last year whilst and prioritising the delivery of safe and effective care to patients and remaining commercially viable. However, they recognised and understood that whilst they had made some good progress they would need to continue to focus on and review staff engagement.

The Chief Medical Officer had responsibility for any medical issues arising. They attended the service daily and were supported by a clinical management team that included three clinical directors and a clinical coordinator.

The service had an open and transparent culture with patients. 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. This was supported by an operational policy.

Safety and Security of Patient Information

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

Are services well-led?

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. Both the service and the clinicians were registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it fell below the provider's standards, this would trigger a review of the consultations to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Patient feedback was published on the service's website.

The provider had also established a Patient Participation Group which had held one meeting at time of our inspection.

There was evidence that the GPs could provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. The Chief Risk Officer was the named person for dealing with any issues raised under whistleblowing.

DCA had also appointed an external agency to provide a professional, independent, confidential means for staff to report any concerns and be assured they will be fully addressed.

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. We saw from minutes of staff meetings where previous interactions and consultations were discussed.

The provider carried out various service audits, however some were not effective as they had not identified the concerns we found in relation to prescribing and consultation notes.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. However, although all staff were invited to the monthly 'Town Hall' meetings, we noted that all teams did not hold regular formal team meetings for their staff. The management team and IT teams worked together at the headquarters and there was ongoing discussions at all times about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements to the service in relation to patients (through clinical audits), compliance, growth, sustainability and staff culture.

There was also evidence of systems and processes for learning, continuous improvement and innovation.

For example;

Are services well-led?

- DCA had established a Management and Leadership Academy which offered executive coaching, a manager tool kit, leader insights, profile assessments and project based tasks, in order to provide development opportunities for their workforce
- DCA had been granted the ability to appoint an internal Responsible officer (RO) by NHS England. The role of the responsible officer is to ensure organisations have in place processes that provide a framework within which doctors are encouraged to maintain and improve their practice in patient safety, effectiveness of care, and patient experience. They undertake annual appraisals for the doctors who work for the service.
- DCA had developed an app called My Health, which was a platform designed with a focus of promoting positive wellbeing and encouraging changes health behaviour for their patients.
- DCA had developed an Apprenticeship program to encourage their staff to complete more enhanced learning. We noted there were fifteen employees who had taken up these apprenticeships to date.
- The provider was a member of DICE (Digital Learning & Clinical Excellence) who were a group of similar providers who met regularly to exchange information and share learning.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The number of staff allocated to auditing the daily prescribing was insufficient for an organisation with more than 400 prescribers. They had not identified the concerns we found in relation to clinicians prescribing outside their own prescribing protocols and the reason for doing this was not documented in patients consultation notes.• The provider had a Recruitment policy and procedure in place, however we found the recruitment files for ANPs recruited by an agency did not all have the necessary documentation to evidence they had the necessary experience and competence to consult in all the areas expected. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>

Requirement notices

How the regulation was not being met:

- Some staff were not always aware of their own roles and responsibilities and that of other managers. There were assumptions that others were doing work with regards to oversight and monitoring, when that work was not happening and as a result the senior GP leads and the pharmacists did not have good oversight of prescribing.
- The provider carried out more than sixty thousand consultations a month and we were not confident that the resources allocated to monitoring and auditing prescribing were sufficient as they had not identified that clinicians were prescribing outside the prescribing protocol.
- Auditing arrangements were not always effective, in that they had failed to identify concerns regarding the quality of record keeping. Our records review identified that a small amount of the records we saw were not achieving the GMC standard for patient records keeping and this had not been identified by the provider's auditing arrangements.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.