# Zapped

## 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 General Practice

**We rated this service as Good overall.** This is the providers first inspection.

The key questions are rated as:

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 inspection at Zapped as part of our inspection programme. 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.

Zapped is an online Dermatology service offering remote consultations with UK-trained Consultant Dermatologists. One of the partners 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.

Our key findings were:

- There was a clear vision to provide a safe, personalised, high quality service.
- The service had good systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Confirm the safeguarding training completed by doctors are at the appropriate level.

**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 specialist adviser and a member of the CQC medicines team.

## Background to Zapped

Zapped is an online Dermatology service offering video and text consultations with UK-trained Consultant Dermatologists. All services are provided remotely and all medicines and tests are delivered to patients homes. They offer a range of acne treatments that are evidenced based in line with published guidance to adults and children from the age of 13. The provider is registered with the Care Quality Commission to carry on the regulated activities of Treatment of Disease and Disorder, Diagnostic and Screening procedures and Remote Clinical Advice.

The opening hours are 9am to 6pm Monday to Saturday. Patients can book appointments online. The staff team comprises of registered manager, a consultant who specialise in dermatology, a managing director and an administrator.

**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 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.

Good

# Are services safe?

**We rated safe as Good because:**

**Keeping people safe and safeguarded from abuse**

All staff 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 providers safeguarding policies were accessible via their intranet and contained links to local authorities' websites dependant on where the patient resided.

All the doctors had received adult and level two child safeguarding training. It was a requirement for the Doctors registering with the service to provide evidence of up to date safeguarding training certification.

The service did treat children and had appropriate identification verification and safeguarding protocols in place. They also confirmed that the adults accompanying children had parental authority to give consent for treatment.

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

The supporting team carried out a variety of checks either daily or weekly. These were recorded and formed part of a clinical team weekly report which was discussed at clinical meetings.

The provider expected that all doctors would conduct consultations in private and maintain patient confidentiality. Each doctor used an encrypted, password secure laptop to log into the operating system, which was a secure programme. Doctors were required to complete a home working risk assessment to ensure their working environment was 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 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 doctors for risk. For example, if the doctor thought there may be serious mental or physical issues that required further attention. Consultation records could not be completed without risk rating. Those rated at a higher risk or immediate risk was reviewed with the help of the support team and clinical director. All risk ratings were discussed at weekly 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, for example improvements to the consultation templates, significant incidents and clinical pathways in line with national guidance.

**Staffing and Recruitment**

There were enough staff, including doctors, to meet the demands for the service. There was a support team available to the doctors during consultations and separate IT support. The prescribing doctors were paid on a sessional basis/per consultation.

Good

# Are services safe?

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 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 had to provide evidence of having professional indemnity cover (to include cover for video consultations), an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

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

We reviewed three recruitment files which showed the necessary documentation was available. The doctors 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 doctors and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

**Prescribing safety**

All medicines prescribed to patients during a consultation were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the doctors could issue a private prescription to patients. The doctors could only prescribe from a set list of medicines which the provider had risk assessed. There were no controlled drugs on this list. When emergency supplies of medicines were prescribed, there was a clear record of the decisions made and the service contacted the patient's regular GP to advise them.

Once the doctor 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.

Repeat medication could only be given once a consultation has taken place. This was monitored monthly for frequency of repeat requests and previous medical history was available to the prescriber before they prescribe the medicine. If patients needed antibiotics the provider would contact the patients GP to get them to prescribe it.

Monthly monitoring of all prescribing was carried out.

**Information to deliver safe care and treatment**

There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

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

**Management and learning from safety incidents and alerts**

Good

# Are services safe?

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider had not had any incidents since the service started. However, we noted incidents were a standing agenda item on the weekly staff meetings.

There were systems in place to ensure that the correct person received the correct medicine.

We were shown records of the action taken in response to recent patient alert in relation to prescribing isotretinoin, which is a medicine used to treat acne.

Good

# Are services effective?

**We rated effective as Good because:**

**Assessment and treatment**

We reviewed examples of medical records that demonstrated that each doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

We were told that each online consultation lasted for approximately twenty minutes. If the doctor 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. The medical records we reviewed showed adequate notes were recorded and the doctors had access to all previous notes.

The doctors providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. The service had clear operating procedures that advised the doctors what to do. 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 monthly consultation and prescribing audits to improve patient outcomes.

**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. We saw the provider had carried out an audit for Isotretinoin prescribing and found there were some improvements to be made to treatment indication documentation in patient's records and copies of signed consent forms as they found compliance with these two areas was 91% and 97%.
- The provider had also carried the first cycle of a note taking audit which looked at quality of note keeping. They found there could also be improvements and had discussed them with the doctors. A further audit would be carried out in six months' time.

**Staff training**

All staff completed induction training which topics included GDPR, Information Governance, Equality and Diversity and Safeguarding. Staff also completed other training on a regular basis. The service manager had a training matrix which identified when training was due.

The doctors registered with the service received specific induction training prior to treating patients. The doctors told us they received support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, the doctors received further online training.

Good

# Are services effective?

Administration staff received regular performance reviews. All the doctors had to have received their own appraisals before being considered eligible at recruitment stage. They had also registered 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. The provider told us they would be carrying out their own annual appraisals of their doctors.

**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.

**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, information on how to access nutritional and psychological support.

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

Good

# Are services caring?

**We rated caring as Good because:**

**Compassion, dignity and respect**

We were told that the doctors undertook video 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 doctors were complying with the expected service standards and communicating appropriately with patients. Feedback arising from these spot checks was given to the doctors.

We did not speak to patients directly on the days of the inspection. However, at the end of every consultation, patients were sent an email asking for their feedback. We reviewed the latest survey information and saw that of the patients who had responded to the question: 'How well did you feel listened to and cared for', ninety percent found the service excellent and ten percent found them very good.

**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 doctors working for the service and could book a consultation with a doctor of their choice. For example, whether they wanted to see a male or female doctor. The Doctors available could speak a variety of languages.

The latest survey information available showed ninety seven percent of patients who responded rated their experience with the Dermatologist as 'excellent' and three percent as 'good'.

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

Good

# Are services responsive to people's needs?

**We rated responsive as Good because:**

**Responding to and meeting patients' needs**

Consultations were provided six days a week, 9:00am to 6:00pm, with access via the website to request a consultation available 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 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.

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

Patients requested an online consultation with a doctor and were contacted at the allotted time. The maximum length of time for a consultation was thirty minutes. However, we were told that appointments could be extended if the doctor 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 doctors available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific qualification. Type talk was available.

**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. A specific form for the recording of complaints has been developed and introduced for use. However, the service had not received any complaints at the time of our inspection.

**Consent to care and treatment**

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation 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.

All Doctors/staff 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. Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through audits of patient records.

Good

# Are services well-led?

**We rated well-led as Good because:**

**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. We reviewed business plans that covered the next three years.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.

There were a variety of 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. This ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were complete, accurate, and securely kept.

**Leadership, values and culture**

The values of the service were to provide a safe, reliable service for people with specific skin conditions. This included access to information, treatment and consultation that was affordable.

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

The Clinical Director had responsibility for any medical issues arising.

**Safety and Security of Patient Information**

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

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. 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 consultation to address any shortfalls. In addition, patients were emailed at the end of

Good

# Are services well-led?

each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Questions asked included Overall rating of the service, How would you rate your experience with your Dermatologist, How well did you feel listened to and cared for and How easy it is to use the platform. Patient feedback was published on the service's website.

There was evidence that the Doctors 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 Registered Manager was the named person for dealing with any issues raised under whistleblowing.

**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.

All doctors attended national and international meetings and conferences. They also had a doctor's peer group to review, discuss and share learning about different skin conditions.

Staff told us that the monthly team meetings were the place where they could raise concerns and discuss areas of improvement. However, as the management team and IT teams worked closely 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, for example, through clinical audit.