

Online Clinic (UK) Limited

# Online Clinic (UK) Limited - Taybridge Road

## Inspection report

39 Taybridge Road

London

SW11 5PR

Tel: 0207 419 5064

Website: [www.theonlineclinic.co.uk](http://www.theonlineclinic.co.uk) and  
[www.privatedoctordirect.com](http://www.privatedoctordirect.com)

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## Overall summary

Letter from the Chief Inspector of General Practice

Our first inspection of Online Clinic (UK) Limited took place on 21 March 2017 and identified the service was not providing safe, effective or well-led services in accordance with the relevant regulations. We carried out a follow up inspection on 6 June 2017 and found the provider had made substantial improvements.

The full comprehensive report on the 21 March 2017 inspection and the report for the focused inspection of 6 June 2017 can be found by selecting the 'all reports' link for Online Clinic (UK) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this announced comprehensive inspection at Online Clinic (UK) Limited on 12 March 2018 to ensure the necessary improvements had been embedded.

Online Clinic (UK) Limited was registered with the Care Quality Commission on 1 October 2010. The service offers online consultations to patients, through online forms and a messaging system conducted within the patients online record, for a condition selected by the patient themselves. A doctor will then review the request, may ask for further information and then, if appropriate, provide a private prescription to be dispensed by a third

party pharmacy, which we do not regulate. The services are delivered by the provider via two websites; [www.theonlineclinic.co.uk](http://www.theonlineclinic.co.uk) and [www.privatedoctordirect.com](http://www.privatedoctordirect.com).

Findings from our inspection on 12 March 2018 in relation to the key questions were as follows:

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

- The provider had ensured all staff had an understanding of safeguarding relevant to their role and arrangements were in place to safeguard people, including arrangements to check patient identity.
- Prescribing was externally monitored by a locum pharmacist and audited regularly to ensure it was in line with national guidance, and people were told about the risks associated with any medicines used outside of their licence.
- The provider had set a low threshold in recording and investigating significant events to ensure all possible improvements would be identified and these were implemented with a structured, team approach and outcomes monitored.

# Summary of findings

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

- The provider recognised that GP contact was the cornerstone of safety when patients choose to opt out of the NHS system for care and had taken several steps to improve the number of patients who consented to information sharing with their registered GP.
- An audit showed an increase from 1% to 28% of patients completing their registered GP section on the form over the same period the previous year.
- Additional resources, including allocating a lead member of staff, had been invested in auditing the quality of the service. There was a schedule of regular audits planned throughout the year and the service was working with an external pharmacist to ensure the outcomes were impartial and followed best practice guidelines.
- There was comprehensive oversight of staff training and quarterly GP meetings had external speakers scheduled to allow for topical updates to the online environment.

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

- Although consultations occurred remotely through a messaging system, the GPs were encouraged to interact with the patients to ensure their involvement and understanding of the treatment options.
- Follow up of patients after a prescription was issued, on different timeframes depending on patients presenting condition, was given to allow for ongoing support from the provider.
- Patient feedback reflected they found the service treated them with dignity and respect.
- There was a GP profile for each GP so patients had access to information about GPs working at the service.

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

- Information about how to access the service was clear and the service was available seven days a week.
- The provider did not discriminate against any client group and would provide assistance to access the service if safe to do so.
- Guidance for patients to complain about the service was clear, and the provider supported patients through the process. Complaints were handled appropriately with an open and honest approach.

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

- There was a clear leadership and governance structure. The registered manager and clinical lead worked closely with the IT lead and practice manager to ensure staff were supported, and patients received appropriate care.
- There was a range of information which was used to monitor and improve the quality and performance of the service.
- Systems were in place to ensure that all patient information was stored safely and kept confidential.

## **We saw an area of notable practice:**

- GPs we spoke to praised the development of a prescribing matrix which listed the limited formulary the provider used, the maximum allowed doses, against the presenting conditions to allow easy reference and a consistent and safe approach to all patients.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

### **Are services effective?**

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

### **Are services caring?**

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

### **Are services responsive to people's needs?**

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

### **Are services well-led?**

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

# Online Clinic (UK) Limited - Taybridge Road

## Detailed findings

## Background to this inspection

### Background

Online Clinic (UK) Limited was registered with the Care Quality Commission on 1 October 2010. The service offers online consultations to patients, through online forms and a messaging system conducted within the patients online record, for a condition selected by the patient themselves. A doctor will then review the request, may ask for further information and then, if appropriate, provide a private prescription to be dispensed by a third party pharmacy. The services are delivered by the provider via two websites; [www.theonlineclinic.co.uk](http://www.theonlineclinic.co.uk) and [www.privatedoctordirect.com](http://www.privatedoctordirect.com).

At the time of our inspection there were eight GPs working for the service, all of these GPs were UK based GMC registered doctors. An additional clinical lead was also in place and working with the registered manager.

A registered manager was in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, we spoke with the registered manager, clinical lead and office based staff. We looked at policies and protocols, medical questionnaires, other documentation and patient records.

### How we inspected this service

This inspection was carried out on the 12 March 2018 by a CQC inspector, and a GP specialist adviser.

Before the inspection, we gathered and reviewed information from the provider. During our inspection, we spoke with the registered manager, clinical lead and office based staff. We looked at policies and protocols, medical questionnaires, other documentation and patient records.

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.

### Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Are services safe?

## Our findings

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

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

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 knew where to report a safeguarding concern. The safeguarding leads had an application installed on their phones which had the latest contact details for local authorities in England so they would be able to complete the referral correctly dependant on where the patient resided. For all other areas of the United Kingdom, a list was kept on the shared drive and links to websites embedded to aid in searches.

All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification and all other staff had completed level one training.

The service did not treat children. There were safeguards in place at registration, which placed all patients through an identity verification process, and this was used to ensure the patient was over 18 and who they said they were.

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

The clinical lead had oversight of all ongoing consultations and worked closely with the registered manager, on a daily basis to respond to any issues which arose for patients and GPs. The clinical lead peer reviewed 10% of the consultations and subsequent outcomes to ensure there was a consistent approach to prescribing, in line with best practice guidelines.

Feedback from these clinical peer reviews were shared with GPs in a weekly telephone conference or individually, and performance reviewed at quarterly meetings. Any areas specific to individual clinicians could be reviewed on a one to one basis if required.

The provider had changed the terms of employment for all GPs and they were now paid by clinical activity rather than per prescription. This had been changed following

feedback from GPs that treatments for patients, which culminated in advice for self-care or referrals, were as important as those receiving medicines and sometimes more time consuming.

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

The provider headquarters was located within modern offices where the administration, IT and management staff were based. The server was located off site and backed up locally. Patients were not treated on the premises as GPs carried out the 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 GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used an encrypted, password secure device to log into the operating system, which was a secure programme. GPs 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 with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to continue to communicate with the patient whilst emergency services were called to the patient's location.

Clinical consultations, where a GP was concerned of a risk, would be sent to the clinical lead and registered manager to be assessed as appropriate. These would be reviewed at weekly meetings and outcomes and learning disseminated amongst the team. 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, the amalgamation of two allergy boxes on the registration record into one for the clinicians view so there was reduced likelihood an allergy could be missed prior to prescribing.

### **Staffing and Recruitment**

# Are services safe?

There were enough staff, including GPs, to meet the demands for the service and there was an availability schedule for the GPs. There was a support team available to the GPs during consultations in addition to an IT team. The prescribing doctors were paid on a per consultation 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.)

All GPs were currently working in the NHS as a GP and registered with the General Medical Council (GMC) and the GP register. They had to provide an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. All GPs were covered by the providers Medical Indemnity once they began working for the service.

Newly recruited GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that GPs did not start consulting with patients until they had successfully completed several test scenario consultations and went through a period of mentorship from the clinical lead for the first two weeks where all consultations were reviewed.

We reviewed three recruitment files, which showed the necessary documentation was available. The GPs 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 GPs 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 from online forms were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. This was often a second GP to the one completing the initial review to allow for a second opinion. The GPs 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. If a patient did not consent to their GP being informed then emergency supplies of medicines, such as an Asthma inhaler, would be refused.

GPs praised the development of a prescribing matrix which listed the limited formulary the provider used, the maximum allowed doses, against the presenting conditions to allow easy reference and a consistent and safe approach to all patients.

There were protocols in place for identifying and verifying the patient and General Medical Council guidance was followed. The process to confirm identity of a patient was completed upon registering with the service, patient identity was verified through a third party; this was being undertaken for patients returning to the service and requiring a consultation, where they had previously not been required to prove their identity, as well as for new patients. On further consultations, a secondary check was conducted to confirm the identity of the patient if a prescription was issued.

This was undertaken automatically through the registration process by a third party organisation and overseen by the provider. Should a lower score be returned the provider was able to contact to the patient and ask for copies of ID to establish an identity, if this was not possible the account was closed and no treatments issued.

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.

The service prescribed some unlicensed medicines, and medicines for unlicensed indications, for example for the treatment of jet lag. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks.

There was clear information on the consultation form to explain that the medicines were being used outside of their licence, and the patient had to acknowledge they

# Are services safe?

understood this information. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine. All medicines were dispatched from a pharmacy and delivered by post to the patient's address.

- An alert at the questionnaire stage to tell patient the medicine is being issued off-label.
- The patient had to acknowledge (tick box on dashboard) that the treatment is off-label
- The patient receives a further message outlining how to take the medicine and that they are being prescribed a medicine off-label
- An information leaflet, specifically for the off-label use, is sent in the packaging for the medicine, when dispatched.

The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine and any delivery issues were classified as significant events and investigated with the pharmacy.

## **Information to deliver safe care and treatment**

On registering with the service, and following subsequent treatments patient identity was verified. The GPs 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. We reviewed three incidents of the 48 significant events recorded in the previous 12 months. We found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. Changes made as a result of learning from significant events included:

- Website updates to channel patients more appropriately for their condition
- Automated limits to the amount of medicine was reduced within the system to help prevent inappropriate prescribing
- System alerts added to the clinicians' dashboard for patients with allergies.

The clinical lead and registered manager worked closely with the practice manager to analyse incidents for trends and monitor the changes once implemented. Learning from incidents was shared immediately through emails and kept as a standing item on monthly meetings. If there were system changes made as a result, the IT lead would ensure staff were notified and trained when appropriate.

We saw evidence, from the incidents we reviewed, 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Assessment and treatment

We reviewed 15 medical records that demonstrated that each GP 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 saw that adequate notes were recorded and the GPs had access to all previous notes.

Patients completed an online form, which was specific to the presenting complaint the patient selected at the start. This requested details of their current medicines and allergies, as well as past medical history. The GP had free text boxes as well as standardised messages, which could be sent to the patient and these were automatically recorded with the responses given by the patient. A set template was completed for the consultation within the medical record, where the reasons for the consultation and the outcome could be manually recorded. If the consultation was for a repeat treatment then the medical questionnaire had to be filled in again so GPs could monitor any changes to the patient's condition.

The interactions between GP and patient were not limited in time or number of messages for the GP to reach a satisfactory conclusion.

The GPs 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 GPs could request photos if appropriate, or recommend testing for some conditions to aid in clinical assessment. If the provider could not deal with the patient's request, this was explained to the patient with alternative pathways signposted and a record kept of the decision.

### 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. A recent audit had shown a reduction in antibiotic prescribing over a four-month period when compared to the previous year. There had been a 38% reduction in consultation resulting in a prescription being issued, in cases where patients presented with a chest, throat or sinus condition.
- There had been the recent appointment of an audit lead who had scheduled regular audits and would work in conjunction with an external pharmacist to ensure an unbiased approach to the outcome was maintained.

### Staff training

All staff had to complete induction training, which consisted of topics such as information governance, and safeguarding. These were then entered onto a matrix and courses booked when currency was three months from expiry, this was overseen by the practice manager.

The GPs registered with the service received specific induction training prior to treating patients. This was given by the clinical lead and covered areas such as reviewing the clinical protocols for conditions the service treated as well as the GMC guidance for remote prescribing. Time was also spent with the registered manager and IT lead to ensure staff fully understood the clinical system and the ways in which support was available. Induction logs were held on staff files. During the probationary period of a GP, the clinical lead reviewed any prescribing to ensure it was in line with the provider's policies.

Quarterly clinical meetings were held at the main office and as well as standing items and updates to areas requiring review there was time aside for continuous professional development (CPD) training which was often led by external speakers. We spoke to a GP who told us they felt supported whenever they had a concern and there was always someone available to go to if they had a concern. Updates to the clinical system was always done in conjunction with the GPs and often as a result of feedback from them, if additional training was required due to changes, this was either linked with the quarterly meetings or conducted remotely.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals



# Are services effective?

(for example, treatment is effective)

before being considered eligible at recruitment stage and the clinical lead required the appraisal form to ensure the online work of the GP was taken into account and relevant to the provider.

## **Coordinating patient care and information sharing**

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed, we saw evidence that a letter was sent to their registered GP in line with GMC guidance. In addition the provider has made the following changes:

- The provider had made the registered GP area on the registration form easier to complete by embedding a search tool into the website, which searched on name or postcode, and auto filled the details. This ensured the details being completed were correct as well as reducing the barrier to completion.
- Patients without their registered GP on their account were emailed on a rolling basis to ask them to complete this information.

- The language around completing the registered GP area on the form was made more positive and if not completed a pop up informed patients it was in their best interest to complete the section.
- An audit had shown an increase of 27% in patients completing their registered GP section on the form over the same period the previous year.

## **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:

- There were regularly updated news articles covering topical areas such as a cervical cancer during cervical cancer prevention week.
- Key areas such as smoking cessation and sexual health had information available without registration being required.
- Leaflets were sent with medicines, in addition to standard information leaflets, to encourage healthy living and improved health.
- In their consultation records, we found patients were given advice on healthy living as appropriate.

# Are services caring?

## Our findings

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

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

All GPs worked remotely and we were told that they undertook online consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out annual health and safety reviews of working environments to ensure GPs were complying with expected service standards.

We did not speak to patients directly on the day of the inspection. However, we received feedback from eight patients through the CQC website after the provider sent out a link to all patients who received a consultation in the previous three months to this inspection. Patients told us the care they had received had exceeded their expectations and the provider treated them with dignity and respect.

The provider told us GPs were encouraged to interact with patients even during 'simple' consultations to ensure they were aware of the treatment options or in cases of no prescription being issued the follow up advice was comprehensive and reasoning explained.

### **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 by email or phone.

Patients had access to information about the GPs working for the service and could book a consultation with a GP of their choice for example, whether they wanted to be consulted by a male or female GP.

The feedback from patients praised the service for the follow up care it provided and the involvement they experienced as they went through the consultation process.

Should the patient request access to their notes the provider would supply a copy of the clinical record if a request was made in writing.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs

Patients accessed the service through the website, which was available all day every day, and completed an online form after selecting the relevant condition they presented with. Consultations were provided through the online messaging service within the patients account and were conducted seven days a week between 8am and 8pm.

The provider made it clear to patients, on the website and during the registration process, what the limitations of the service were. The 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.

- A telephone line was open 24 hours a day for assistance with the website or issues arising from consultations.
- Prescriptions were sent to a dedicated pharmacy to be dispatched to the patients address.

### 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 GPs available. Patients could choose either a male or a female GP and a translation service 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 had been developed and was accessible to all staff.

We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed three complaints out of 19 received in the past 12 months.

The provider was able to demonstrate through the complaints we reviewed that a satisfactory response was received and complaints were handled correctly. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, for example:

- Clinical coverage was optimised to improve response times
- Analysis of the website to improve the interface with patients
- More detailed reasons as to why referrals to other services had been developed to improve communications with patients.

All changes were communicated to staff at meetings and through emails updates if urgent.

### 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. There was a transparent cost presented to the patient for a medicine if it was seen as the appropriate treatment, otherwise the consultation was free.

All GPs 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 GP 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?

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

## Our findings

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

### **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 safe and caring care delivered in a convenient and confidential manner at the heart of its vision.

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 had been reviewed annually or when learning from a complaint or significant event had triggered a change.

There were a variety of checks in place to monitor the performance of the service. These included random spot checks for consultations conducted daily to ensure care was delivered in line with the provider's guidance to weekly reviews of prescribing by the clinical lead and monthly audits of performance. This, in conjunction with regular meetings ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks. Opportunities to improve procedures and the way in which the provider operated were embraced; mitigating actions were taken with a team approach to ensure effective change was implemented.

A positive change in ethos around the care and treatment record had been undertaken and GPs now recorded more information and engaged with patients to ensure all possible treatment options were considered and to outline the possible risks of medicines. Follow up of patients was conducted and recorded, on differing timescales depending on conditions, to find out if the treatment was effective or if side effects had been experienced.

There were monthly audits of the records to ensure they were complete and accurate and we saw evidence, of the 15 records we viewed, that this was the case.

### **Leadership, values and culture**

The registered manager had overall responsibility of the day to day operation of the service, they were in daily contact with the clinical lead who had responsibility for an

medical issues arising and the GPs working for the provider. They were in daily contact with each other through phone and emails and had a face-to-face meeting every six weeks to review all areas of the service in person. There was resilience within the availability roster of GPs to cover any absence and the clinical lead was able to conduct consultations if necessary.

The values of the service were to offer a safe, effective and caring service for patients in a convenient manner.

The service had an open and transparent culture. They had deliberately lowered the threshold for raising a significant event to ensure all possible improvements could be made from them, and all outcomes were shared widely amongst the team. We saw that the service gave effected patients reasonable support, truthful information and a verbal or 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 safely 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 accessed records, which area of the record they had viewed and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans and precautions in place to minimise the risk of losing patient data.

### **Seeking and acting on feedback from patients and staff**

The provider had conducted its first patient satisfaction survey, the results of which were still pending at the time of inspection. However patients were encouraged to rate the provider on external websites which were monitored closely for areas of improvement, or give feedback directly to the provider. For example as a result of patient feedback, the provider had recruited additional GPs to reduce the waiting time experienced by patients for consultations.

We saw evidence the GPs were involved in service improvement through feedback and comments made during meetings. Any change requests were logged, discussed and decisions made for the improvements to be implemented.

# Are services well-led?

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

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 and ways in which it was delivered.

We saw from minutes of staff meetings where previous interactions and consultations were discussed. Staff were involved in the future development of the service and a structured approach to change was followed to assure the benefits were realised.

Staff told us 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 together at the headquarters 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:

- The computer system was being developed to enable audits that were more specific.
- Communication between GPs had been improved to reduce the isolation they had felt and increase the support available.