Anytime Medical Limited

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Inspection report

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Overall summary

At our previous inspection of Anytime Medical Ltd (the provider), in April 2017, the service had been temporarily suspended by the provider as the single employed doctor had resigned and the inspection had therefore been limited in its scope. We found the service had been providing caring and responsive services in accordance with the relevant regulations. However, improvements were required in relation to providing safe, effective and well-led care and treatment. We served requirement notices under Regulations 12 and 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us a plan of the action it intended to take to meet the requirements of the regulations. The service started operating again in late May 2017, following the appointment of a new employed doctor.

We carried out this announced comprehensive inspection of the service on 7 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? At this inspection we found that the provider had taken appropriate action to address the concerns we identified last year, but we found further issues, relating to safe prescribing. The service was providing effective, caring and responsive services. However, in some areas it was not providing safe or well-led services.

Our findings in relation to the key questions were as follows:

Are services safe? – We found some areas where the service was not providing a safe service in accordance with the relevant regulations. Specifically:

- We found three examples of prescriptions being issued to patients without the appropriate tests being done in accordance with established guidelines. The provider immediately suspended the relevant services and took remedial action, including revising patient questionnaires and arranging for relevant tests to be available to patients. The provider assured us that services would not be reinstated until the issues were fully reviewed by an external clinical assessor.
- Patients were given detailed information about any prescribed medicines, including any risks involved.
- Arrangements were in place to safeguard people, including arrangements to check patient identity. Appropriate safeguarding training had been provided since our last inspection.
- Suitable numbers of staff were employed and appropriately recruited.
- The provider had introduced systems to act upon relevant guidance and safety alerts.

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

- We saw evidence of clinical discussions, including reviews of prescribing practice and relevant clinical guidelines.

Summary of findings

- Quality improvement activity, including clinical audit had been introduced, but there was scope for this to be improved.
- Staff received the appropriate training to carry out their roles.

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

- The provider carried out checks to ensure consultations by GPs met the expected service standards.
- Patient feedback reflected that they found the service treated them with dignity and respect.
- Patients had access to information about clinicians 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.
- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.
- Where the need for improvement had been identified, the provider was taking steps to address the concerns.

Are services well-led? - We found some areas where the service was not providing a well-led service in accordance with the relevant regulations. Specifically:

- Although a system of clinical auditing had been introduced since our previous inspection, we found examples of prescribing without appropriate tests being carried out beforehand. The provider immediately instigated an action plan to address this, which included increasing the frequency and scope of the auditing.
- The service had clear leadership and governance structures.
- Patient information was held securely.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvements are:

- Review the frequency and scope of clinical audits.
- Review the arrangements for providing appropriate healthcare advice to female patients.

You can see full details of the regulations not being met at the end of this report.

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 in some areas this service was not 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 a caring service in accordance with the relevant regulations.

Are services responsive to people's needs?
We found that this service was providing a responsive care in accordance with the relevant regulations.

Are services well-led?
We found that in some areas this service was not providing well-led care in accordance with the relevant regulations.

Anytime Medical Limited

Detailed findings

Background to this inspection

Anytime Medical Limited (the provider) operates under the trading name of Anytime Doctor, providing an on-line consultation, prescribing and testing service for various healthcare issues from the website: www.anytimedoctor.co.uk

This inspection was carried out at the provider's registered office at 30 Percy Street, London W1T 2DB. These were the premises of the provider's accountant, with a room being booked for the day.

The owner and sole director of the company is the registered manager and is responsible for all aspects of the management and operational activity of the service. 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. In addition, since our last inspection, the provider has appointed an independent doctor as external clinical assessor to conduct audits and monitor consultations and prescribing.

The provider is registered with the CQC to provide the Regulated Activity of treatment of disease, disorder or injury. The service offers consultations and prescriptions for various healthcare issues including some long-term conditions, such as asthma, diabetes and hypertension and offered testing kits for sexually transmitted diseases. Patients choose and complete a relevant online consultation form appropriate to their healthcare issue, which are submitted securely. The provider employs a male doctor to review patients' healthcare questionnaires. The doctor is registered with the General Medical Council (GMC) with a licence to practise and is on the GP Register and the NHS National Performers List. The doctor works part-time for the service, accessing the system three times a day. The employed doctor reviews the questionnaire and, if it is safe to do so, approves the patient for treatment. Patients do no pay for this initial consultation. If approved for treatment the patient will be sent a text message requesting them to log back into their secure patient record. They will then be asked to pay for the prescription using a debit or credit card and to update and confirm their consultation information. The doctor will review the information again prior to authorising the prescription, which is then sent electronically to the provider's affiliated pharmacy for dispensing and delivery. If the process is completed before 4.00 pm Monday to Friday the pharmacy will aim to dispense and despatch the prescribed medicine for delivery before 1.00 pm the next working day. For an additional payment, patients living with the bounds of the M25 can arrange for same day delivery. The service is available only to adults over the age of 18 years, with delivery addresses in the UK. On average, over the eight months prior to our inspection, around two prescriptions were issued daily.

Information on the various treatments available is provided on the website and patients may contact the service via their on-line account for additional information or assistance if required.

There is no instant messaging system or 'live chat' facility available, but patients can communicate with the provider via secure email using their online account. In addition, telephone calls are answered by a third party between 9.00 am to 5.00 pm Monday to Friday (except bank holidays). The operators do not provide any clinical advice or support, but are able to provide information on the range of services available and can take messages which are passed on to the provider.

How we inspected this service

Detailed findings

This inspection was carried out by a lead CQC inspector, a second inspector and a GP specialist adviser.

Before the inspection we gathered and reviewed information from the provider. During the inspection we spoke with the registered manager and the doctor employed by the service. We reviewed organisational documents, including minutes of meetings and policies and procedures and reviewed a sample of 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. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to follow up the requirement notices under Regulations 12 and 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, which we served following our previous inspection in April 2017.

Are services safe?

Our findings

We found that in some areas this service was not providing safe care in accordance with the relevant regulations

At our inspection in April 2017, we found the provider was not operating a safe service, having identified failures to comply with the requirements of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment. The provider did not have an effective procedure to ensure safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were reviewed by a clinician; acted on if necessary and records kept of actions taken. The provider did not have a safeguarding lead in place with appropriate training. The provider subsequently submitted a plan of actions intended to meet the requirements of the regulation. At our inspection in March 2018, we found the actions had been implemented appropriately. However, we identified further issues relating to safe prescribing: we saw three examples of patients being prescribed medicines without the appropriate tests being done or recorded.

Safety systems and processes

The service had systems, processes and practices in place to keep people safe and safeguarded from abuse. At our previous inspection in April 2017, the provider did not have an identified and appropriately trained safeguarding lead. The provider subsequently informed us that the registered manager had assumed the role and arranged to attend appropriate training. At our follow up inspection in March 2018, we saw evidence that both the registered manager and the employed doctor (who had been appointed after our previous inspection) had received training to level 3 in adult and child safeguarding. They knew the signs of abuse and had access to the provider's adult safeguarding policy, which we saw had last been reviewed and updated in November 2017. It contained contact details for the local safeguarding team.

- The service was provided only to adults aged over-18 years. There were systems to establish and confirm a patient's identity, such as links to electoral registers and checks against credit cards being used for payment. Patients' IP addresses (unique numbers assigned to every computer which accesses the Internet) were stored against their electronic records, so their locations could be confirmed.
- We reviewed the recruitment records for the employed doctor and noted that appropriate checks had been carried out. These included proof of identification, two references, proof of qualifications, registration with the appropriate professional body, suitable professional indemnity insurance cover and the appropriate checks through the Disclosure and Barring Service.

Risks to patients

Most risks to patients were assessed and managed.

- There was a continuity plan for emergencies which may occur and affect the running of the service. This plan was available to employed staff. There were arrangements in place whereby patient data would be held securely but be accessible to patients in the event that the provider ceased trading.
- There were effective security and encryption systems in place, together with a range of comprehensive policies regarding the storage and use of all patient information and access to the data. The provider was able to provide a clear audit trail of who had access to records. The provider was registered with the Information Commissioner's Office and had a system in place to manage information governance and data protection.
- Patient identity was checked upon registering using an external global identification verification company, the company checked identity by comparing a patients credit/debit card details with their home address. A system was in place to identify and highlight patients with multiple registrations by their name, post code and email address details to prevent over-prescribing. One of the incidents treated as a significant event by the provider related to a multiple application, which the service's system had highlighted. We saw evidence that showed that on average four (8.6%) orders per month were rejected due to identity checks not being satisfied. The employed doctor had access to the patients' previous records held by the service.

Information to deliver safe care and treatment

The service was provided from an internet website. The website operated from a highly secure "Tier 1" data centre in London, where the provider's codebase and data was

stored. We saw there were various levels of security measures in place to ensure that only authorised persons had access to relevant data. The employed doctor accessed the system three times a day to review consultation questionnaires submitted by patients. There were 35 different questionnaires relating to various healthcare issues, which required patients to record their medical histories. The service used an affiliated pharmacy to dispense any medicines or treatments prescribed by the employed doctor. The pharmacist had appropriate access rights to the data.

Correspondence was shared with external professionals in a way that ensured data was protected. Passwords and other control measures were in place in order to access any data shared with external providers. The provider expected that the employed doctor to conduct consultations in private and to maintain the patients' confidentiality. This was supported by the various data protection and patient confidentiality policies.

Safe and appropriate use of medicines

The provider showed us data relating to the period May 2017 to January 2018, which recorded 432 prescriptions being issued, averaging 48 per month; 1.7 per day.

At our inspection in April 2017, we found that the procedure regarding prescribed medicines for long term conditions did not adequately reduce the risk to patients. It did not stipulate that it would not prescribe for long-term conditions unless the patient had given consent to share the information with their GP. The provider informed us in its action plan that procedures had been implemented to ensure this would be addressed. At our inspection in March 2018, we saw that the online questionnaires had been revised so that patients were asked to provide the contact details of their GPs in relation to long-term conditions such as asthma, high blood pressure and diabetes. The patient's consent was sought to the provider sharing information with their GP. When consent to share information was given, we saw evidence that the appropriate level of information was passed on.

Following the initial review of a patient's questionnaire, the employed doctor would provide advice or recommend a medicine or treatment via the patient's secure account. Prescriptions were sent electronically to the service's affiliated pharmacy, with the prescriber's signature and security details visible only to the dispensing pharmacist.

The provider did not prescribe prescription analgesics (strong pain killers), anti-depressants or controlled drugs, medicines that require extra checks because of their potential misuse or medicines used in the treatment of long term conditions, which require monitoring. The provider's website set out what medicines could be prescribed and contained detailed information for each, including guidance on dosage and any possible side effects, with links to the relevant patient information leaflets. This information was also highlighted to patients once they had accepted the terms of the consultation. The service's formulary (list of medicines prescribed) was not extensive and was due to be reviewed by the registered manager, employed doctor, affiliated pharmacist and external assessor.

Since our last inspection the provider had reviewed all the clinical questionnaires to ensure that risks to patients were minimised. The provider had a prescribing policy and had introduced a system of regular, independent auditing to monitor prescribing practice and quality. We saw the results of an audit conducted in February 2018, relating to asthma prescribing. The audit looked at 32 prescriptions issued between May and December 2017 and concluded that 31 had been appropriate, while one patient would have benefited from a face to face review, having been prescribed nine inhalers during the period. Details of the prescribing had been sent to the patients' GPs. Consultations with patients seeking asthma treatment who refused to provide their GP details were not proceeded with and no prescriptions were issued.

We reviewed a number of medical records to establish that the employed doctor was assessing patients' needs and delivering 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 noted some instances of incomplete records. We saw that a patient had been prescribed Dianette – a contraceptive, also used for acne treatment – on a repeat basis, without any blood pressure tests being recorded. This was despite it being noted on the provider's website that after the initial three-month prescription, patients must have their blood pressure checked. In another case, a patient was prescribed Terbinafine for a fungal nail infection, without a record of appropriate liver function tests being done. In a third case, a patient had been prescribed broad-spectrum anti-biotics over several consultations, for sexually transmitted infections, without

any record of clinical tests and few medical history notes. We raised these issues with the provider who sent us an action plan the day after our inspection. The provider undertook to immediately suspend all oral contraceptive and fungal nail consultations, pending a risk assessment and revision of the questionnaires; that the external clinical assessor would carry out a full end-to-end review of all consultation questionnaires to check for completeness; and that regular audits of prescribing would be conducted every two months. The provider subsequently confirmed that the oral contraceptive questionnaire had been updated to ensure that patients' recent blood pressure readings are recorded and monitored. With regard to patients requiring treatment for fungal nail infections, the provider had made arrangements with an accredited laboratory for test kits to be sent, so that liver function tests could be carried out and reviewed prior to any prescribing. Consultations for oral contraceptives and fungal liver infections would remain suspended until the external clinical adviser had reviewed the changes.

We saw from the provider's business plan, last reviewed in November 2017, that it intended to increase the clinical team to two employed doctors in 2018. This would improve the opportunity for peer review and monitoring.

Track record on safety

There were systems to identify, assess and mitigate risks, including procedures governing the management and investigation of significant adverse events. There had been three significant events during the previous 12 months and we saw evidence that these had been dealt with appropriately and learning identified. In one case, the provider's standard patient identity checks had highlighted applications for the same treatment from six different persons from the same address, using one credit card which did not match any of the names submitted. The provider responded to all six applications, setting out the concerns and requesting further information. The responses were not satisfactory and the provider declined offering treatment, but advised the applicants to see their GP or attend a suitable clinic. In another example, the provider was contacted by the police for information regarding a person thought to have used the service. Upon verifying that the enquiry was a valid one, the provider was able to check its records and confirm to the police that the person had not used the service. There was evidence that the incidents had been reviewed by the provider and the employed doctor.

The provider had regular meetings with the employed doctor and the affiliated pharmacist, with standing agenda items covering topics such as significant events, complaints and service issues, together with clinical updates. The provider had a governance policy on the Duty of Candour and training had been undertaken. There was evidence which demonstrated the policy's implementation, with two patients' complaints being responded to with full explanations, an apology and advice on how the patients could obtain a service elsewhere.

At our inspection in April 2017, we found the provider did not have an effective procedure to ensure that safety alerts, such as those provided by the Medicines and Healthcare Products Regulatory Agency (MHRA), were reviewed by a clinician and acted on, if necessary. The provider's action plan addressed this issue and at our inspection in March 2018 we saw evidence that a system was in place. For example, we saw that the provider and the doctor had reviewed a (MHRA) alert issued in May 2017 relating to depression and suicidal thoughts in men taking finasteride (Propecia) for male pattern hair loss. As a consequence, the provider had amended the online questionnaire to inform patients of the concern and allow the doctor to fully assess any application.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service generally assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There were different patient questionnaires relating to various healthcare conditions. These were reviewed on a regular basis. Patients were required to record details of current medicines they were using and relevant aspects of their medical histories. The information submitted was reviewed by the employed doctor as part of the care and treatment assessment. We saw data for the eight months prior to our inspection which showed that on average 91 (55%) consultations per month had been refused by the provider on medical grounds, following an assessment of patients' questionnaires by the doctor.

The provider had reviewed and where appropriate revised the standard patient questionnaires since our last inspection. We saw evidence of clinical discussions between the provider, employed doctor and the affiliated pharmacist. These included a review of the prescribing of Buscopan, which relieves painful stomach cramps, and reducing the number of antibiotic treatment courses offered for urinary tract infections from two or three previously to one only.

Monitoring care and treatment

At our inspection in April 2017, we found that the provider did not have an effective clinical quality improvement programme in place, to include clinical audit and monitoring of prescribing against current prescribing guidance and evidence-based practice. The provider addressed this in the action plan it submitted. At our inspection in March 2018, we saw that a system of regular auditing by an independent clinical assessor had been introduced. In view of the low level of prescribing, with around two prescriptions being issued daily, the provider had originally intended for the auditing to be done every six months. However, due to our findings on the day of the inspection, the provider had revised the plan to increase the frequency of independent clinical auditing to every two months, reviewing a sample of consultations for all the healthcare conditions for which services were provided.

The provider conducted an annual patient survey to help monitor performance. These were carried out by independent agencies, one using a structured form to analyse patients' responses; the other being a more generic comment and rating approach.

Staffing and Recruitment

The service's operations were very limited, dealing with an average of less than two applications from patients per day. There were enough staff, comprising the registered manager and the employed doctor to meet the current demands.

The provider had a selection and recruitment process in place, which included a requirement for appropriate pre-employment checks to be carried out. These included confirmation of identity, employment references, full CVs, evidence of qualifications, appropriate professional registration and membership, evidence of insurance cover and completed 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. No employed doctors could be authorised to begin any consultations until these checks and induction training had been completed. Newly recruited doctors were supported during their induction period and an induction plan was in place to ensure all processes had been covered. New staff were given step-by-step training on the IT system used by the service and were required to read and acquaint themselves with the provider's various governance policies and procedures. The provider kept records of staff including employed doctors and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

We reviewed the employed male doctor's recruitment files which showed the necessary documentation was maintained. This included evidence of an up-to-date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. The doctor was registered with the GMC with a licence to practise and was on the GP Register and the NHS National

Are services effective?

(for example, treatment is effective)

Performers List. We discussed with the provider how the service addressed women's healthcare needs in the absence of a female doctor. The provider told us that the female independent clinical assessor, who holds training accreditations in obstetrics, gynaecology and sexual health, would be carrying out regular two-monthly audits of consultations and prescribing. The provider's business plan stated that it was looking to employ an additional doctor in 2018, thereby allowing for peer reviewing consultations and prescribing. The registered manager told us that discussions with possible candidates had commenced.

Coordinating patient care and information sharing

The provider had a governance policy on sharing information with a patient's GP. The service website informed patients of the importance of providing a detailed medical history when completing the online questionnaires and provided an explanation of informed consent to receiving treatment. It "strongly recommended" that patients keep their GPs advised of any tests done and medicines prescribed. The advice was repeated within a patient's online record once treatment has commenced. In cases where patients applied to the service for treatment for long term conditions, such as asthma, high blood pressure and diabetes, the patient was asked to record the contact details of their GP and give their consent to the GP being informed of any treatment provided. If withheld, the treatment would not be provided. The provider had a policy on patient information and management that stated should a patient request for their medical record to be sent to their GP this would be done within 14 days.

Supporting patients to live healthier lives

Patients were given relevant advice in their online records. The service website provided patients who may be in need of extra support with links to NHS websites, such as NHS Digital Tools to Manage Your Health, NHS Live Well Hub and NHS Choices.

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

The registered manager told us that the employed doctor accessed the system to carry out reviews in private room and were not to be disturbed at any time during their working time. The provider had various governance policies in respect of patient confidentiality and computer and data security which covered the conduct of these sessions. Patient records were stored at a highly secure "Tier 1" data centre. There were also policies on Patient Privacy, Dignity and Confidentiality, Anti-discrimination and Person-centred care. The employed doctor was required to read and comply with the policies.

The provider obtained feedback from patients using two independent agencies. One allowed patients to leave a review and to give a rating for the overall service. We saw that 116 reviews had been submitted, and the overall rating for the service was 4 out of 5. The comments were monitored by the provider and where any negative feedback had been received the provider had sought to arrange discussion with the patient to resolve the issue. The feedback was reviewed by the provider and shared appropriately to improve the standard of care provided, as evidenced by minutes of staff meetings.

A more detailed survey had been conducted in December 2017, involving feedback from 187 patients. We saw that 94% of respondents found the consultation process to be "extremely easy" or "very easy"; and 87% of respondents said they were either "very satisfied" or "satisfied" with the doctor's advice and instructions on how to take the medicine.

Involvement in decisions about care and treatment

The provider's patient guide gave detailed information on how to access and use the service. It provided patients with information on specific health conditions, the various types of treatment available and the medicines that might be prescribed, including a note of possible side effects and access to the relevant medicines information leaflets. The website also contained information regarding the employed doctor, including their GMC registration details. Patients could communicate securely with the provider by logging onto their individual accounts. They could also see their consultation and treatment history within the accounts. Patients could request hard copies of their records to be provided and they were encouraged to share these with their GPs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The provider's website had a set of terms and conditions and details of how patients could contact them with any enquiries. Information about the cost of the consultation and treatment was made available when the patient had created an account and had their medical questionnaire reviewed by the employed doctor.

The provider understood the need to seek patients' consent to care and treatment in line with legislation and guidance and had recently reviewed and revised some questionnaires, relating to long-term health conditions, to require patients to provide their GPs' contact details.

The service operated between 9.00 am and 5.00 pm Monday to Friday (excluding bank holidays); during which times, phone queries were dealt with by third party operators. The website stated that these staff were not clinicians, but could inform patients of the range of services available and pass on messages, and that the provider would respond within hours. Patients needing non-urgent medical advice outside these times were advised to contact their GP in the first instance. The website further advised patients that in an emergency they should telephone 999 or attend their nearest Accident & Emergency Department.

The website set out the range of common healthcare conditions for which services could be provided. Patients chose the relevant online questionnaire to complete and submit. They were required to provide a UK mobile phone number as text-messaging was used as part of the communication and security process, should they wish to use the service. Other security measures included credit card and electoral register checks to confirm the patients' identity. Patients only incurred a charge once treatment advice had been given and they had agreed to proceed in using the service. A secure online account was set up for each patient registering with the service and submitting a questionnaire. The questionnaire was reviewed by the employed doctor within two hours of submission and the patient was sent a text message requesting them to log onto their secure accounts to access the doctor's advice. We were told that this might include a request from the doctor for more information in order to make an adequate assessment to prescribe treatment or a recommendation that the patient has appropriate clinical tests prior to any medicines being prescribed. The patient would be informed of any charges involved and have the option to proceed with or decline treatment. The provider could arrange for some clinical tests, for example home testing kits could be posted to the patient under an arrangement it had with an accredited laboratory. Prescriptions were sent electronically to the provider's affiliated pharmacy, whose details were given on the website, for dispensing and dispatch. If received before 1.00 pm Monday to Friday the pharmacy would aim to dispatch the prescribed medicine for delivery by Royal Mail the next working day. For an additional payment, patients living with the bounds of the M25 could arrange for same day delivery. The service was available only to adults over the age of 18 years, with delivery addresses in the UK.

Consent to care and treatment

Patients were consulted regarding consent to treatment and sharing of information. The provider had supporting guidance, including a policy on the Mental Capacity Act. When the employed doctor had reviewed a patient's questionnaire and recommended any treatment, the patient would access their online record and be able to see the costs involved. They were under no obligation to proceed; there was no charge for the initial consultation and registration.

Listening and learning from concerns and complaints

The provider had a policy which set out the process for dealing with complaints. Some information was given on its website, stating that complaints would be acknowledged within five days and a formal response sent within 20 days. A full copy of the policy was available to patients upon request. We raised this with the registered manager, who added a link to the website allowing patients immediate access to the policy. The provider had received two complaints in the 12 months prior to our inspection and we found that these had been investigated and responded to appropriately. Both related to cases when the provider had declined to prescribe medicines; one for medical reasons and the other having been requested by a parent for a child under-18 years of age.

The provider monitored and responded to comments left by patients on the reviews website and acted on any

Are services responsive to people's needs?

(for example, to feedback?)

negative feedback from patients via their online accounts. For example, we saw that there had been a small number of issues relating to delayed delivery of medicines, which had been discussed on several occasions with the affiliated pharmacist. The provider was seeking to identify an alternative delivery service to address the problem. We noted that the patient survey results showed that 94% of respondents were “satisfied” or “very satisfied” with the speed at which they received their medicine.

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 in some areas this service was not providing well-led care in accordance with the relevant regulations.

At our inspection in April 2017, we found the provider was not operating a well-led service, having identified failures to comply with the requirements of Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance. The provider did not have in place an effective clinical quality improvement programme, which included clinical audit and monitoring of prescribing against current prescribing guidance and evidence based practice. The provider had not ensured that staff management procedures included confirmation that clinical staff had adequate training and qualifications to carry out their role and that appropriate appraisal of their on-line prescribing activities had been undertaken. The provider subsequently submitted a plan of actions intended to meet the requirements of the regulation. At our inspection in March 2018, we found the appropriate action had been taken in relation to staff training. The provider had implemented a system of six-monthly clinical auditing, with one audit having been conducted focussing on Asthma prescribing. However, we found examples of medicines for other conditions, such as Dianette, Terbinafine and broad-spectrum antibiotics being prescribed without appropriate tests being carried out. Immediately following the inspection, the provider sent us a further plan of action stating that the frequency of the audits would be increased to every two months and would include prescribing for all the health conditions the service covered.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. This was reflected in its statement of purpose, accessible on the website, and the business plan we saw.

The provider had acted quickly to address the concerns we raised at the inspection in April 2017 and during this inspection. However, we noted that this was reactive and implies that greater clinical oversight and monitoring is called for.

There was a clear organisational structure. The registered manager was responsible for undertaking all operational activities and employed one doctor to undertake clinical activities. Service-specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

The provider had some systems in place to monitor the performance of the service, including regular meetings with the employed doctor and affiliated pharmacist. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Following our previous inspection, the provider had introduced a system of regular, six-monthly auditing of prescribing. However, this was not effective as we found a number of examples where prescriptions were issued without appropriate tests being carried out and where records were limited, which we have referred to in the requirement notice under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. We discussed the lack of clinical oversight with the registered manager and the provider subsequently submitted an action plan to increase the frequency of the independent clinical auditing to every two months and to initiate a full end-to-end review of all consultation questionnaires by the external clinical assessor. In addition, the provider was actively looking to employ a second doctor in 2018, thereby increasing opportunities for peer reviewing consultations and prescribing.

Leadership, values and culture

The registered manager was responsible for all aspects of the operational management of the service. The registered manager attended the service daily and was the only personnel carrying out the daily operating processes of the service. The employed doctor was the only clinician and therefore responsible for the clinical activities of the service, although plans were progressing to appoint a second doctor. The registered manager met regularly with the doctor and affiliated pharmacist to review and discuss service issues. An external clinical assessor had been engaged since our last inspection to regularly review clinical aspects of the service. By the date of our inspection, they had carried out one clinical audit, focussing on

Are services well-led?

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

asthma prescribing. There was evidence from interactions between the provider and patients that the service had an open and transparent culture. The provider had a policy outlining its responsibilities under the Duty of Candour.

Safety and Security of Patient Information

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

The service could provide a clear audit trail of access to patients' records. The service was registered with the Information Commissioner's Office. Requests from patients to access their records were dealt with in line with the Data Protection Act 1998. There were business contingency plans in place to minimise the risk of losing patient data and provision was made for records to be retained, backed up for 6 months, and kept accessible to patients for the required period of time in the event that the provider ceased trading, in line with the Department of Health and Social Care's requirements for the retention of medical records.

Seeking and acting on feedback from patients and staff

The provider sought feedback from patients using two independent agencies. One allowed patients to leave a review and to give a rating for the overall service and was readily accessible on the provider's website, together with the on-going results. The other was a more detailed survey, conducted annually and targeted at all patients using the service over a two month period during the year. Both were generally positive in their feedback. The provider monitored and responded to patients' reviews. Where appropriate, patients were asked to contact the provider to resolve any concerns. Patients could also raise matters with the provider using their secure accounts. We saw evidence that patients concerns were reviewed by the provider, for example in identifying an alternative post / courier service to address some patients' concerns over delays in delivery.

Continuous Improvement

The provider consistently sought ways to improve. We saw evidence from staff meetings of action being taken to improve deliveries of prescribed medicines. The provider's business plan stated that the appointment of an extra doctor was intended and the registered manager told us this process had begun. In addition, the provider was shortly to introduce changes to its website design, to allow access from mobile phones, and would be seeking feedback from patients on how it might be further improved.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: - We saw three examples of patients being prescribed medicines without the appropriate tests being done or recorded. We saw that a patient had been prescribed Dianette on a repeat basis, without any blood pressure tests being recorded; a patient was prescribed Terbinafine, without a record of appropriate liver function tests being done; and a third patient had been prescribed broad-spectrum anti-biotics over several consultations, without any record of clinical tests and few medical history notes.