

AlldayDr Group Ltd

AlldayDr Group Ltd

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 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. (Previous inspection February 2020 – Requires improvement)

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 previously inspected AlldayDr Group Limited on 12 February 2020. The full comprehensive report on 12 February 2020 can be found by selecting the “all services” link for AlldayDr on our website at www.cqc.org.uk.

At our previous inspection on 12 February 2020 we found the service to be requires improvement under the key lines of enquiry for the safe and well led domains. We rated the service as requires improvement overall. We rated the safe domain as requires improvement because on the day of the inspection risk management, quality assurance and prescribing were not failsafe. We rated the well led domain as requires improvement because the provider was not aware of the areas where patient safety may be compromised or other potential risks.

At this inspection on 7 May 2021 we found the service had addressed the issues identified at the last inspection. We found:

- All areas of risk had been removed from the service. For example, prescribed medicines could no longer be purchased directly from the website and questionnaires were no longer used to make judgments.
- The service had improved systems to manage risk so that safety incidents were less likely to happen. Where they had happened, we saw evidence that the service learned from them and improved their processes.
- The service had reviewed the effectiveness and appropriateness of the care it provided. We saw that there were systems in place to ensure 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 specifically within the management and operational levels of the organisation.

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

- Maintain consistent personnel information for each member of staff including references and appropriate DBS certification/ID numbers

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Summary of findings

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Summary of this inspection

Background to AlldayDr Group Ltd

Background

AlldayDr Group Limited is the provider of AlldayDr, an online video GP consulting service.

We inspected AlldayDr Group at their offices based in Clive House, Clive Street, Bolton BL1 1ET where the service has moved to since the previous inspection when they were based at Church Street, Blackrod, Bolton. Information and technology, management and administration staff are based in Clive House.

Patients are not treated on the premises but via online consultations which are undertaken remotely from various suitably private locations. The provider is registered with the General Medical Council (GMC) and also works within the NHS. The service does not treat anyone under the age of 18 years.

The service aims to provide an affordable and responsive alternative to traditional NHS services. Doctors are GMC regulated and deliver services from an online platform and mobile app. A number of services that were offered when we last inspected have been removed. Services now offered include:

- Online face to face video consultations with GMC registered UK GP's.
- Delivery and dispatch of NHS prescriptions through partner pharmacies.

Currently, patients are asked to set up a profile and identity checks are undertaken. Once their identity has been verified, patients are able to book a ten-minute consultation (or longer if selected) with a GP between the hours of 9am and 5pm Monday to Friday. This is a reduction since the previous inspection when consulting hours were 8am until 10pm seven days a week.

The smartphone app allows users to have video consultations with a GP. Currently there is only one consulting GP who will discuss with the patient the condition or issue raised. Following the consultation, if appropriate, a private prescription or a referral letter to another service can be provided.

Prescriptions are delivered by secure methods of transport to the patient's choice of location. This can be their home or place of work. Alternatively, they can collect the prescription from a designated collection point or a pharmacy of their choice.

Patients can subscribe to the online service either via a monthly subscription package or pay per consultation. Patients can give feedback about the service via the app.

Since the previous inspection there has been a complete change of staff working in the service. Two new clinical registered managers have been employed and are currently going through the appropriate registration processes. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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. A business operations manager is also now in place.

Summary of this inspection

The provider aims to upscale the service to a Business to Business (B2B) model. This is a form of transaction that is conducted between companies rather than between a company and individual customers. Once a contract has been secured, the provider will employ more GPs to provide the service.

The provider had obtained approval from the NHS to obtain IM1 pairing accreditation. IM1 pairing is the process that allows suppliers to integrate their system with any principal clinical system through an interface mechanism. At the last inspection this was a work in progress. At this inspection we saw certification and accreditation that supported the stringent governance levels that have to be applied to ensure data security before a pairing such as this can be approved. The integration which is due to go live in July will provide consulting GPs with access to the NHS Spine (summary care record) where they can view a patient's current medicines and medical conditions.

How we carried out this inspection

Our Inspection Team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a specialist adviser, a member of the CQC medicines team and an expert by experience.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the service manager and members of the clinical and administration team.

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

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

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

Are services safe?

Good

Our findings

At our previous inspection in February 2020, we found the service was not meeting the requirements of the regulations in providing safe services and issued a requirement notice in relation to concerns with risk management, quality assurance and prescribing.

At this inspection we found the service had addressed the issues identified at the last inspection.

We rated safe as Good because:

Summary of this inspection

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern. 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. The service did not treat children or anyone under the age of 18.

Various members of staff were able to provide examples of safeguarding concerns which were then escalated to the safeguarding lead. Staff also had access to the National safeguarding database where patient safety information could be viewed and/or shared.

Monitoring health & safety and responding to risks

The service monitored risks to patients in different ways. For example the supporting team carried out a variety of checks on a regular basis. Clinical audit had been undertaken by an external person and results were discussed at clinical/operational meetings. The information was recorded and further monitored to ensure action was taken.

Since the last inspection there was a system in place to monitor patient safety alerts which were identified initially by the registered managers and then distributed via email. The alerts were then discussed at clinical meetings if action was required. Clinical audit identified that action had been taken when required.

The provider headquarters was located within modern offices which housed the IT system, project management and business operational services. A range of administration staff and customer service staff were based there. Patients were not treated on the premises as GPs carried out the online consultations remotely; usually from their home. All staff based in the premises had received training in health and safety including fire safety and there were identified fire marshalls.

The provider expected that all GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop 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 was a system in place to carry out regular audit and monitoring of each GP's environment and consultation management.

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

All clinical consultations were assessed by the GPs for risk. For example, if the GP thought there may be serious mental or physical issues that required further attention there were processes in place to manage those risks and to share information where necessary with the consent of the patient.

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 consent policy, a significant incident and clinical pathways in line with national guidance.

Summary of this inspection

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service. There were plans to increase GP levels should the need arise. There was a support team available to the GPs during consultations and a separate IT team.

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.) When reviewing the personnel records we found that not all documentation was consistently retained. For example there was a record with no references and records with DBS information from previous employers. We discussed this with the provider during the inspection and were assured that personnel documentation would be maintained appropriately for all staff.

Potential GP employees had to be currently working in the NHS as a GP and be registered with the General Medical Council (GMC) on the performer's list 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.

There was an induction period to support newly recruited staff and specific information for newly recruited GPs to ensure all points of information were covered. We were told that GPs would not start consulting with patients until they had successfully completed several test scenario consultations and undergone an audit process in the live environment.

We reviewed all clinical consultations that had been undertaken at the service. No major concerns were found. Where there were minor concerns we discussed any issues and were satisfied that improvement would be made in any future consultations.

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 GPs could issue a private prescription to patients. 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. The service's website did not advertise medicines available without consultation. There were systems in place during consultation to risk assess and prevent misuse of medicines. 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 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 did not deal with repeat prescriptions or patients with long term conditions. If antibiotic medicines were required the service followed national guidance.

No drugs that could potentially be misused were prescribed. There was a system in place to undertake audit of a GPs first 10 consultations following the Royal College of General Practitioners audit toolkit. This included audit of prescribing to ensure safe practice was followed.

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

Summary of this inspection

Information to deliver safe care and treatment

On registering with the service, and at each consultation 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 the incidents sent as part of the provider information submission and found they had been fully investigated and discussed. Where action was required we saw that it was taken in the form of a change in process. For example with patient information sharing, a new protocol was in place so that password protection information was emailed at the same time as any communication to a GP practice.

We saw evidence from incidents we reviewed that 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?

Good

Our findings

We rated effective as Good because:

Assessment and treatment

We reviewed all patient consultations that had been undertaken and saw that the GP had 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. Where we saw that improvements could be made we pointed those out to the provider at the time of the inspection.

Each consultation lasted ten minutes unless more time was requested. If the GP had not reached a satisfactory conclusion there was a one-minute warning system in place and more time could be provided at the discretion of the GP if required. If the call was cut off there was a system in place where they could contact the patient again.

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed all the consultations and saw that records were completed appropriately. Adequate notes were recorded. If a patient was seen again by another consulting GP there was a process in place whereby they could review the previous notes. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

Summary of this inspection

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. Since the last inspection the provider had instructed the service of an outside clinician to undertake audit. There was a system in place to audit the first 10 consultations of each GP and then three-monthly to audit 4 consultations or 1% (whichever was the higher) using the RCGP audit toolkit.

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

Staff training

All staff completed induction training which consisted of mandatory training such as safeguarding, how to report an incident or accident, dealing with complaints, emergencies and whistleblowing. AlldayDr did not routinely provide services to patients with learning disabilities, long term mental health concerns or sexual health issues. However, training and information had been added to the induction programme in the event that such circumstances may arise during a consultation. The operations manager had a training matrix which identified when training had been completed and when training was due.

Administration staff received regular performance reviews and there was an annual appraisal process in place.

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. If a patient refused to share information, after an informed discussion, each case was dealt with on its own merit. GPs we spoke to described situations where it would or would not be appropriate to continue the consultation without consent to share.

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 smoking cessation and/or diet advice.

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

Summary of this inspection

Are services caring?

Good

Our findings

We rated caring as Good because:

Compassion, dignity and respect

We were told that the GPs undertook online, video and telephone consultations in a private room and were not to be disturbed at any time during their working time. There was a process in place for the provider to carry out spot checks in the future to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. Currently only the provider was undertaking this role. However in the future, employed GPs would be monitored and any areas of concern would be discussed. In the meantime, the provider had sought an outside advisor to undertake clinical review of his own consultations. We saw that areas for improvement had been highlighted.

We did not speak to patients directly on the day of the inspection. However, we reviewed feedback examples that had been provided. At the end of every consultation patients were sent an text message asking for their feedback and asked to give their satisfaction scores for the following the consultation and the service in general. Feedback about the consultations varied and connection problems were identified as an issue. The service is making changes to resolve this.

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.

Currently there was limited choice for people who wanted to use the service. For example there was only one male GP who consulted and the service encouraged English speaking callers only, as there was no facility at the moment for a variety of languages.

Are services responsive?

Good

Our findings

We rated responsive as Good because:

Responding to and meeting patients' needs

Consultations were provided Monday to Friday between the hours of 9am and 5pm. This was a reduction in service since the previous inspection to fit better with customer demand. AlldayDr was not an emergency service and 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.

Summary of this inspection

The digital application allowed people to contact the service from abroad, but all medical practitioners were required to be based within England. Any prescriptions issued could be delivered to the patient's choice of delivery within the UK such as their home or place of work, or collected from a collection point, rather than having to visit a pharmacy. Patients signed up to receiving this service on a smart phone application that met the criteria of the AlldayDr software.

The limitations of the service were made clear to people once they signed up and further information about which services were available was clearly set out on the company website.

Online consultations were requested through the portal and people were contacted by a GP at an allotted time. Consultations were undertaken in ten-minute slots and more than one slot could be selected. When the call was due to end, a one-minute warning appeared for the person on the receiving end of the call, giving them the opportunity to conclude. Calls could be extended at the discretion of the GP if they felt it were necessary. The person receiving the call could also ask for an extension – for which they would be charged.

Tackling inequity and promoting equality

The provider offered consultations only to a core cohort of people and did not provide a service to people with learning disabilities, severe mental illness and those who did not speak English. Nor did they have the ability to support people with sight or hearing loss. However, this had been decided via an informed decision making process and had been agreed as a way of maintaining safe services. They did not just treat anyone who registered and paid the appropriate fees. Additionally there was no choice of GP and no female GPs. However, there were plans to increase the GPs if and when required to meet patients needs.

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. We saw that complaints were documented and discussed, and changes were made to improve where they could be. For example there was a trend of comments about poor access during consultations. The service had acknowledged that issue and were working on ways to improve it.

Consent to care and treatment

There was 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 smart phone application had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced. The costs of any resulting prescription or medical certificate were handled by the administration team at the headquarters following the consultation.

Patients automatically provided consent to AlldayDr's access to their medical records by accepting the terms and conditions. Patients were referred to the Privacy Policy if they wished to withdraw that consent. We saw consultations where patients had declined to share the information. We also saw that if a GP felt it necessary for information to be shared, then it would be.

Summary of this inspection

The consulting GP 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 a GP would assess the patient's capacity and, record the outcome in the assessment. However, there had been no consultations of this nature in order to provide evidence. The process for seeking consent could be monitored through audits of patient records and we saw that clinical audit had taken place since the last inspection. Patients under the age of 18 years were not able to use the service.

Are services well-led?

Good

Our findings

At our previous inspection in February 2020, we found the service was not meeting the requirements of the regulations in providing well-led services and issued a requirement notice in relation to concerns with identifying risks and managing safety. At this inspection we found the service had addressed the issues identified at the last inspection.

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. The provider's vision for the future of the service had not changed and there was still a desire to upscale to a Business to Business (B2B) model. However, improvements had been implemented since the previous inspection to heighten safety for individual patients who contacted the service in the meantime.

Since the previous inspection the provider had employed two clinical registered managers and a large team of operational and project development staff. An independent auditor had also been sourced.

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 being reviewed by the new operations and registered managers and were being updated when necessary.

There were a variety of checks in place to monitor the performance of the service such as clinical audit and patient satisfaction. The information from these checks was used to produce reports about the service that were discussed at operational meetings. This ensured that a comprehensive understanding of the performance of the service was maintained.

Improved arrangements were in place to identify, document, discuss and manage risks, issues and then to implement mitigating actions.

Care and treatment records had been audited and were found to be complete, accurate, and securely kept. However it was noted that a number of abbreviations had been used and there was a recommendation that these should be removed from future consultations to avoid any misinterpretations.

Leadership, values and culture

Summary of this inspection

The lead GP who was also the provider had overall responsibility for the running of the service and any issues arising therefrom. There were systems in place to address any absence of this clinician and we were told that when the service became fully operational, further clinicians would be recruited to support the clinical team. In the meantime, the two new clinical registered managers attended the service each day and along with the operations manager were the main points of contact. The provider was always available by telephone for any emergencies.

There was a large operational team including a pharmacy consultant, information and technology people and project and governance managers.

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.

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 stringent IT systems in place to protect the storage and use of all patient information. Role-based access was in place and 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 and there were business contingency plans in place to minimise the risk of losing patient data.

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 prompted at the end of each consultation with a link to a survey they could complete, and they could also post any comments or suggestions online. Patients were asked to rate the doctor's consultation and the service on a scale of 1-5 and to state whether they would recommend the service. We saw positive patient feedback was published on the service's website.

Patient Feedback

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

The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.) The provider lead GP was the named person for dealing with any issues raised under whistleblowing. However, policies were being reviewed and roles may be changed in the future due to the additional lines of management since the previous inspection.

Continuous Improvement

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

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement regularly. However, as the management team and IT teams worked together at the headquarters there was always ongoing discussions about service provision.

Summary of this inspection

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through audit and discussion.

Innovation and Development

The provider was working with the NHS and had obtained IM1 pairing accreditation. IM1 pairing is the process that allows suppliers to integrate their system with any principal clinical system through an interface mechanism. Interface mechanisms enable separate systems to read patient information, extract information in bulk and enter data in to the other system. This would provide GPs with complete information sharing (with patients' consent) and enhance effective outcomes by providing a full patient/GP to patient/GP experience.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Good	Good	Good	Good