

Doctor Care Anywhere Limited

Doctor Care Anywhere

Inspection report

3rd Floor, The Corner Building
91-93 Farringdon Road
EC1M 3LN

Tel: 0330 088 4980

Website: www.doctorcareanywhere.com

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Doctor Care Anywhere on 24 May 2017.

Doctor Care Anywhere provides consultations with GPs via video or audio conferencing. Patients are able to book appointments at a time to suit them and with a doctor of their choice via an online portal. GPs, working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists; consultation notes are available for patients to access. The service also provided a health tracking feature which allowed patients to monitor data about their health and track symptoms.

We found this service provided caring, responsive and well led services in accordance with the relevant regulations; however, we found some areas where the service was failing to provide safe and effective care.

Our key findings were:

- The service had clear systems to keep people safeguarded from abuse.
- At the time of the inspection the service did not have processes in place to check the identity of all patients, and in some cases identity checks were carried-out which were not effective. Following the inspection, the service has changed its processes to ensure that a thorough and effective identity checking process is in place for all patients.

- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- There were appropriate recruitment checks in place for all staff.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure GPs were prescribing appropriately; however, not all GPs were aware of the service's policy not to prescribe off-label medicines. ('Off-label' use is when a medicine is being used in a way that is different from that described in its licence).
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- The service told us that they had the facility to share information with patients' registered GPs. At the time of the inspection they did not routinely do so; however, they provided examples of information being shared in circumstances where they had safeguarding concerns.
- Patients were treated in line with best practice guidance and appropriate medical records were

Summary of findings

maintained. At the time of the inspection the arrangements in place relating to access to records for patients aged 11-18 years was not in line with national guidance; however, this has since been addressed.

- The service had a programme of ongoing quality improvement activity.
- An induction programme was in place for all staff and GPs registered with the service received specific induction training prior to treating patients. Staff, including GPs, also had access to all policies.
- We did not speak to patients directly on the day of the inspection; however, feedback we received prior to the inspection was positive about consultations with doctors at the service. The service also ran their own patient survey, and we noted that in the seven months prior to the inspection patients had rated their overall satisfaction with the service on average as 4.56 out of 5.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints.
- There was a clear business strategy and plans in place.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.

- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office.

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

- Ensure that processes are put in place to verify the identity of patients and to ensure that only patients with appropriate parental responsibility are able to access records relating to registered children.
- Ensure that appropriate arrangements are in place in relation to access to patient records for patients aged 11-18 years.
- Ensure that, where appropriate, patient information is shared with patients' registered GPs.

The areas where the provider should make improvements are:

Ensure that all GPs working for the service are aware of the service's policy not to prescribe off-label medicines.

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 this service was not providing safe care in accordance with the relevant regulations in some areas.

- At the time of the inspection the service did not have processes in place to check the identity of all patients, and in some cases identity checks were carried-out which were not effective. Following the inspection, the service has changed its processes to ensure that a thorough and effective identity checking process is in place for all patients.
- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient. The service had a business contingency plan.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- There were systems in place to meet health and safety legislation and to respond to patient risk.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

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

- The service told us that they had the facility to share information with patients' registered GPs. At the time of the inspection they did not routinely do so; however, they provided examples of information being shared in circumstances where they had safeguarding concerns.
- Each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) evidence based practice. We reviewed a sample of consultation records that demonstrated appropriate record keeping and patient treatment.
- The service had a programme of ongoing quality improvement activity. For example, they had a programme of audit for both the clinical and non-clinical aspects of their work.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service included a health tracking feature to help support patients lead healthier lives, and information on healthy living was provided in consultations as appropriate.

Are services caring?

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

- We were told that GPs undertook consultations in a private room, for example in their surgery, at the service or own home. The provider carried out random spot checks to ensure GPs were complying with the expected service standards and communicating appropriately with patients.
- We did not speak to patients directly on the day of the inspection; however, prior to the inspection we asked the provider to direct patients to our website in order to provide feedback about their experience. We received

Summary of findings

feedback from 21 patients, all of whom were positive about their consultation with the doctor at the service; however, two patients were frustrated that they were asked to relay their medical history at the start of their first consultation. The service also ran their own patient survey, and we noted that in the seven months prior to the inspection patients had rated their overall satisfaction with the service on average as 4.56 out of 5.

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated.
- Patients requested an online consultation with a GP via the service's website or app, where they could request an appointment with a specific GP and choose a convenient time slot. Consultations were provided seven days a week between 8:00am and 10:00pm and the standard length of a consultation was 20 minutes
- Patients could access a brief description of the GPs available. Patients could choose either a male or female GP or one that spoke a specific language or had a specific qualification.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.
- Consent to care and treatment was sought in line with the provider's policy.

Are services well-led?

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

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged patient feedback. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.
- Systems were in place to ensure that all patient information was stored securely and kept confidential. The service was registered with the Information Commissioner's Office.
- The service showed a commitment to continuously reviewing and improving their service and actively encouraged staff to be involved in this process by providing the tools to allow self-reflection, by regularly reviewing staff performance and supporting staff to set goals which fed into the service's overall strategy, and by offering opportunities for staff to become involved in the development of the service. The service scheduled fortnightly system upgrades and was therefore able to quickly address issues and make improvements.

Doctor Care Anywhere

Detailed findings

Background to this inspection

Doctor Care Anywhere provides consultations with GPs via telephone and video conferencing. Patients pay either a subscription to the service or purchase a one-off consultation, and the service also holds contracts with large companies to provide GP consultations to their staff and with insurance companies for the benefit of their members. Patients of the service can also pay either a subscription to the service or purchase one-off consultations directly. Patients are able to book appointments at a time to suit them and with a doctor of their choice via an online portal. GPs, working remotely, conduct consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists; consultation notes are available for patients to access. The service has also developed a portal which allows patients to monitor data about their health and track symptoms; this information is available to consulting GPs as part of the patient's medical record.

A registered manager is 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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC Inspector, a GP specialist advisor and a CQC Pharmacist Specialist.

Before visiting, we reviewed a range of information we hold about the service and asked patients to tell us about their experience of using the service.

During our visits we:

- Spoke with a range of staff.
- Reviewed organisational documents.
- Reviewed a sample of patient records.

To get to the heart of patients' experiences of care and treatment, we always 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 not 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 and to whom to report them. All the GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for the GPs registering with the service to provide safeguarding training certification. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to.

The service treated children; however, at the time of the inspection, arrangements in place in relation to the treatment of children required review to ensure that children were protected. For example, the service had no processes in place to ensure that those who set up accounts for children had parental responsibility for them, and their policy on access to the records of patients aged 11-18 was not in line with national guidance. Following the inspection, the service had reviewed both of these areas and we saw evidence that they had made improvements to their processes and updated their policies to reflect these changes.

Monitoring health & safety and responding to risks

All booking requests for clinical consultations were triaged by a GP within an hour of receipt to identify whether there was a clinical need for the patient to receive more appropriate urgent care. If the GP decided that the patient needed an urgent appointment, they contacted them by telephone.

The provider headquarters was located within modern purpose built offices, housing the IT system, management and administration staff. Patients were not treated on the premises and GPs carried out the online consultations remotely, usually from their home; however, there was dedicated confidential space for GPs to consult from the service's head office if required. Administration staff had received instruction in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain the patient's

confidentiality, we saw that the provider issued guidance on online etiquette, including advice on surroundings and how to present to a screen. Each GP used their own computer to log into the operating system, which was a secure programme. The service had produced a number of training videos for new members of staff, which included a video on creating an appropriate working environment.

There were processes in place to manage any emerging medical issues during a consultation and for managing 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 was known at the beginning of the consultation, so emergency services could be called.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations and a separate IT team.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. Potential GP candidates had to be registered with the General Medical Council (GMC) and were on the national performer's list. Those GP candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the GMC (and other relevant professional bodies), proof of their qualifications, and certificates for training in safeguarding. The service conducted checks with the Disclosure and Barring Service (DBS) prior to employment for GPs.

We reviewed two 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.

Prescribing safety

All medicines prescribed to patients during a consultation were monitored by the provider to ensure prescribing was evidence based. If medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. The GPs could only

Are services safe?

prescribe from a set list of medicines. There were no controlled drugs on this list or medicines which required the patient to be monitored. The service did not initiate the prescribing of medicines to treat long-term conditions, and in instances where a patient requested a repeat prescription, the service would only provide this once evidence of a previous prescription had been supplied, and would only prescribe up to a month's supply. The service did not routinely contact the patient's regular GP to advise them that medicines had been prescribed.

Once the GP selected the medicine and correct dosage, 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 antibiotics where this was considered necessary by the consulting GP. They were aware of their responsibilities in relation to antibiotic guardianship, and had conducted an audit on their antibiotic prescribing to ensure that it was in line with national averages.

The service did not prescribe off-label medicines. We found that not all GPs were fully aware of this policy; however, we found no evidence that this had resulted in off-label medicines being prescribed. ('Off-label' use is when a medicine is being used in a way that is different from that described in its licence).

Patients were able to choose a pharmacy where they would like their prescription dispensed to and prescriptions could be sent directly to the chosen pharmacy.

Information to deliver safe care and treatment

The service held contracts with several large companies to provide GP consultations to their employees. Those who were eligible provided consent for their employer to pass their details to the service, who would then create a personal account for the employee. The service relied on identity checks performed by the patient's employer to verify their identity for the initial account set-up, and thereafter, patients accessed the service by entering personal log-in details.

Some of the service's corporate contracts included use of the service by patients' family members. Patients could set-up profiles for children aged under 18, which could be

viewed by the main account holder only. At the time of the inspection, the service did not check that the main account holder had parental responsibility for the children they were adding to their account. Access by the main account holder could be blocked when the child turned 16 years, but only with the permission of the main account holder. This policy was not in line with national guidance relating to access to the medical records of young people, and at the time of the inspection the service was in the process of reviewing this. Following the inspection, the service provided evidence that they had amended their policy to require evidence of parental responsibility to be provided before a child could be registered to use the service. They had also reviewed and changed their approach relating to parental access to the medical records of patients aged 11-16 years, to bring them in line with national guidance.

If a patient nominated an adult family member to register, the system would send the nominated person an invite to set up their own account. Once set up, the account was linked to the main account holder, but could not be viewed by them. At the time of the inspection, the service did not carry-out any identity checks for relatives of corporate customers. Following the inspection, the provider reviewed and amended their policy to require nominated family members to provide evidence of their identity prior to them using the service. For those patients who were already registered with the service, accounts were suspended and affected patients were directly notified that they must provide evidence of their identity before they could use the service again. Information was also provided about this on the service's website, including details of how patients could access alternative medical advice should they need to in the interim.

Patients could also register themselves and their children directly with the service. In this case, identity checking would be conducted using the patient's payment card details.

During each consultation 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 nine incidents and found that these had been fully investigated, discussed

Are services safe?

and as a result action taken in the form of a change in processes. For example, through their regular review of consultations, the service had identified examples of medicines being prescribed outside of the service's guidelines. Following this, the issued prescriptions were cancelled and the patients concerned were contacted with

an explanation and apology. The doctors concerned were provided with feedback and an updated document outlining the service's prescribing guidelines was provided to all GPs.

There were systems in place to deal with medicine and patient safety alerts, which were distributed to GPs via the service's GP online portal.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Assessment and treatment

We reviewed 12 examples of medical records that demonstrated that GPs assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

We were told that each online consultation lasted for 20 minutes. If the GP had not reached a satisfactory conclusion, the patient was encouraged to book a further appointment.

When patients registered for the service they completed a personal profile which included information about their past medical history. When booking a consultation there was a set template for the patient to complete to capture information about the reason for the consultation; a summary of this information was used as part of the triage process to ensure that patients in need of more urgent review were contacted for advice. We reviewed 12 medical records which were complete records, with adequate notes recorded. The GPs had access to all previous notes.

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. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with a patient's request, this was adequately explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation reviews and prescribing audits to improve patient outcomes. A sample of consultations were reviewed as part of GPs' regular performance reviews.

Quality improvement

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

- The service used information about both patients' outcomes and patient feedback to make improvements.

During performance review meetings with GPs a sample of patient consultations and anonymised patient feedback relating to the GP concerned would be discussed.

- The service took part in quality improvement activity, for example they had used audits to review their practice. This included an audit on their antibiotic prescribing, which they used to benchmark against local and national averages to assure themselves that their prescribing was appropriate.

Staff training

All staff had to complete induction training which was tailored to their role. All staff were able to log into the website to experience the service as a patient, and staff also had to complete other training on a regular basis relevant to their role.

The GPs registered with the service had to receive specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a GPs handbook and training videos which included topics such as how to set up the IT system and how to develop remote consultation skills. The GPs told us they received excellent support if there were any technical issues or clinical queries and could access policies.

Administration staff received quarterly performance and goal-setting reviews. The service used a dedicated system to record and monitor each staff member's goals, which allowed individuals to see how their goals fitted into those of other members of staff and the organisation as a whole. All the GPs were included in the national performers list and the service conducted quarterly performance reviews of GPs.

Coordinating patient care and information sharing

Notes of consultations were available for patients to access, and these could be downloaded by the patient and shared with their registered GP if they chose to do so. We were told that the service had the facility to contact patients' registered GPs to share information about consultations. At the time of the inspection they did not routinely do so; however, they provided examples of information being shared in circumstances where they had safeguarding concerns. Following the inspection, the service explained that they had changed their approach, and in future, patients would be asked during every

Are services effective?

(for example, treatment is effective)

consultation whether they gave consent for consultation notes to be shared with their registered GP; where consent was given, the service would arrange for the consultation record to be shared.

At the time of the inspection the service did not provide diagnostic tests directly. In cases where the service's GPs carried-out a consultation with a patient and felt that their symptoms required further investigation, they would refer them to an appropriate alternative provider.

The service monitored the appropriateness of referrals to improve patient outcomes. They had completed an audit on referrals to ensure that those made were clinically appropriate and found that that all 120 referrals reviewed were clinically indicated.

Supporting patients to live healthier lives

The service's website included a health tracking feature which enabled patients to monitor symptoms, and the information entered by patients was available to GPs during consultation. The website also included a feature to issue reminders to patients to take their medicines. The service also sent emails to registered patients which provided seasonal healthy living advice. 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

We were told that the GPs undertook consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. This included peer reviews of consultations, which were used for discussion in GP's performance reviews.

We did not speak to patients directly on the day of the inspection. However, we reviewed the latest survey information. At the end of every consultation, patients were sent an email asking for their feedback; an anonymised summary of this feedback appeared on the electronic staff profile of the GP concerned, and this was used to form discussions during GP's performance reviews. In the seven months prior to the inspection 830 patients had rated the

service. On average, patients scored the service 4.75 out of 5 for the quality of the advice provided by the doctor, and an average of 4.56 out of 5 was given by patients for the satisfaction with the overall service.

Involvement in decisions about care and treatment

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

Patients had access to information about the GPs available and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female GP. A language translation service was available for patients who did not speak English as a first language.

We did not speak to patients directly on the day of the inspection; however, prior to the inspection we asked the provider to direct patients to our website in order to provide feedback about their experience. We received feedback from 21 patients, all of whom were positive about their consultation with the doctor at the service; however, two patients were frustrated that they were asked to relay their medical history at the start of their first consultation.

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 requested an online consultation with a GP via the service's website or app, where they could request an appointment with a specific GP and choose a convenient time slot. When the request was made the patient provided a short summary of their symptoms, which was then sent through to a GP on duty to triage; if the duty GP felt that the patient's condition should be reviewed more urgently than their booked appointment, they would be contacted immediately to ensure more appropriate urgent care. If there was no urgent need for an appointment, GPs would contact the patient at the allotted time. The standard length of a consultation was 20 minutes, and patients were encouraged to book a further appointment if additional time was required.

Consultations were provided seven days a week between 8:00am and 10:00pm, but access via the website to request a consultation was available 24 hours a day. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

The digital application allowed people to contact the service from abroad. Some medical practitioners were based abroad, but all were registered in the UK.

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

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and was eligible via their employment benefits, or 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 female GP.

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 reviewed the complaint system and noted that comments and complaints made to the service were recorded.

We reviewed all four complaints received in the past 12 months. The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff.

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. The service's pricing structure was clearly displayed on their website; patients could purchase a single consultation or subscribe to a monthly or annual plan which enabled patients to access unlimited online appointments during the duration of the plan. There was no additional cost for a prescription or private "fit note", and patients were made aware that they would need to pay their chosen pharmacy for their medicines when they collected them.

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. When providing care and treatment for children and young people, staff carried-out assessments of capacity to consent in line with relevant guidance; however, at the time of the inspection, the outcome of this assessment did not routinely inform the decision about who should have access to the clinical records of a patient aged under 18. 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.

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 well led services 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 caring and patient safety at its heart. We reviewed business plans that covered the next 12 months and discussed plans to expand the services provided.

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

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was analysed to identify any issues which required addressing, and also discussed with individual clinicians. This ensured a comprehensive understanding of the performance of the service was maintained.

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

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

Leadership, values and culture

A leadership team was in place and individuals within this team had clearly defined roles and responsibilities. The Clinical Director had responsibility for any medical issues arising; they attended the service daily. When they were absent, their responsibilities were covered by the Chief Medical Officer.

The service had a clear mission statement and well-defined values which included providing patient-centric care and displaying clinical excellence. The service was in the process of developing an updated mission statement, and staff at all levels told us that the service had actively involved them in the development of this by hosting “brain

storming” sessions. We were also told that the service regularly provided opportunities for staff to socialise together, in order to help staff to develop strong working relationships.

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 IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner’s Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate and provide detailed feedback about the service they received. Any patient who provided a rating of 3.5 out of 5 or below would be contacted by the service for further information about why they were dissatisfied. Each GP could view the ratings and anonymised feedback relating to them, which was displayed on their personal profile. GPs could also see the anonymised feedback relating to their colleagues to enable peer comparison. Some examples of patient feedback were published on the service’s website but the overall rating provided by patients was not displayed.

Staff described how they were able to contribute to the development of the service. For example, the provider was in the process of developing their vision and mission statement for the future, and staff explained that they had been involved in the development of this via specific events. Staff also described other opportunities that they had to provide suggestions for improvements to the system; for example, a suggestions board was in place which allowed all staff to submit suggestions to the system development team for consideration. There was also a

Are services well-led?

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

system in place to allow staff to provide feedback about their experience of working for the service weekly; this system allowed staff members to anonymously enter into a dialogue with a senior member of staff.

There was evidence that the GPs were able to 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. A GP forum was in place which allowed GPs working remotely to communicate with each other to provide support, share learning and discuss challenges.

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

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities

to improve the service delivered. We spoke to the Customer Service Team, who explained that they had the opportunity to raise recurring customer concerns and their ideas for solutions to these, and that these suggestions were discussed in weekly meetings with the product development team.

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

The service showed a commitment to continuously reviewing and improving their service and actively encouraged staff to be involved in this process by: providing the tools to allow self-reflection, regularly reviewing staff performance and supporting staff to set goals which fed into the service's overall strategy, and offering opportunities for staff to become involved in the development of the service. The service scheduled fortnightly system upgrades and was therefore able to quickly address issues and make improvements.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>The provider had failed to put in place appropriate arrangements in relation to access to patient records for patients aged 11-18 years.</p> <p>This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008.</p>