

Teladoc Health UK

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Overall summary

We carried out an announced inspection of Teladoc Health UK on 20 October 2021 to follow up on the breach of regulation found at our previous inspection.

Following our last inspection in September 2020, we issued a requirement notice for regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full reports for previous inspections can be found by selecting the 'all reports' link for Teladoc Health UK on our website at www.cqc.org.uk.

Teladoc Health UK provides an online GP consultation, treatment and prescribing service for a limited number of medical conditions to patients in England.

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

Why we carried out this inspection

This inspection was a focused inspection to confirm whether the provider now met the legal requirements of regulations and to ensure enough improvements had been made.

At our last inspection we found:

- The service had systems to record, investigate and monitor significant events and safety alerts. However, we found that not all incidents had been recorded and not all staff were clear about the significant event policy or process.

We also identified areas where the provider should make improvements. These were:

- Continue making improvements to the clinical system and ensure patient information about previous consultations is available in an immediately accessible way.
- Continue to improve the complaints process and information for patients.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out remotely. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting and reviewing evidence from the provider.
- Remotely reviewing information held by the service on electronic records systems, to identify any issues and to clarify actions taken by the provider.

Overall summary

- Speaking with a range of staff using video conferencing. Including; the registered manager, members of the management team, and support staff.

Our key findings were:

- We found that the provider had taken all our concerns seriously and had undertaken a range of actions to make improvements.
- We saw an effective system for reporting and recording significant events. There was a dedicated quality assurance team that handled significant events, data breaches and complaints.
- Staff we spoke with were able to describe what a significant event was. Staff understood their duty to raise concerns and report incidents and near misses.
- We found the provider had a new clinical system that improved access to information about patients care and treatment.
- The provider had taken action to improve information available to patients on how to make a complaint.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

Background to Teladoc Health UK

Teladoc Health UK offers a virtual care service, including a primary care service. They provide an online GP consultation, treatment and prescribing service for a limited range of medical conditions. They do not routinely prescribe pain relief, controlled drugs or high-risk medicines. They are registered with CQC for the following regulated activities; Treatment of disease, disorder or injury, Transport services, triage and medical advice provided remotely.

They have a team of approximately 100 clinicians, including 50 GPs working remotely in the primary care service. There are 150 full time staff, including the customer services team and management team. The management and support team are based at the Teladoc head office in Brighton, East Sussex.

Virtual care is typically embedded within the insurance plans of private insurance company clients of Teladoc Health UK which, in turn, becomes an available service for their policyholders. There are no elements of the service that the patient directly pays for themselves.

The service provides care, treatment and support to people using:

- Telephone and video systems
- Via an app or online portal
- Email.

Patients from anywhere in England can consult with the GPs. When the GP decided to issue a prescription, it was sent to the patient's local pharmacy or to a pharmacy which offered a delivery service.

The service is open 24 hours a day, seven days a week. This service is not an emergency service. Patients who have a medical emergency are advised to ask for immediate medical help via 999 or, if appropriate, to contact their own GP or NHS 111.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC, which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Teladoc Health UK also provide a psychology and nutritional advice service, which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

Are services safe?

Lessons learned and improvements made

At our last inspection in September 2020, we found that although there was a written policy and procedure, not all staff could describe what a significant event was or the reporting process. We also found that records of significant events were not always complete, including data breaches that had occurred. We saw examples where incidents had occurred without evidence to demonstrate the requirements of duty of candour had been complied with.

At this inspection in October 2021, we found that the provider had taken all our concerns seriously and had undertaken a range of actions to make improvements. We saw there was now an effective system for reporting and recording significant events.

- The provider had reviewed and streamlined their policy relating to significant events, to include data breaches and clinical incident response processes.
- There was a dedicated quality assurance team that handled significant events, data breaches and complaints. The team worked closely with the customer services team and service leaders. We were shown examples of events that had been thoroughly recorded, investigated and discussed. The requirements of duty of candour had been complied with. For example, following a data breach the quality assurance team had ensured the incident was thoroughly recorded and investigated. They sought advice from the data protection officer in order to reach a decision about next steps. The incident was discussed in a quality meeting. As a result, they identified actions to prevent it happening again. The team also discussed the incident with the patient involved and provided them with information about their actions and learning points.
- The service learned and shared lessons about identified themes and took action to improve safety in the service. They had systems to ensure that all staff had received messages. For example, emails were sent to a GP distribution list and they were expected to acknowledge receipt of the message. They communicated to staff through monthly webinars, regular staff meetings and an announcement channel on their communication platform.
- Training about significant events had been provided to all staff and we saw evidence that 98% of staff had completed the module. Additionally, staff had access to guidance and relevant forms. We saw the quick guides on significant events and data breaches, which included information about their definition and how to report them.
- Staff we spoke with were able to describe what a significant event was, offer an example, and demonstrate where they could find guidance or forms. Staff understood their duty to raise concerns and report incidents and near misses. We found the provider encouraged a 'no blame' culture and staff told us they felt confident and supported about raising concerns. Leaders and managers supported them when they did so. Staff told us that everyone was approachable and willing to help, particularly the quality assurance team, who were well respected within the organisation at all levels.

Are services effective?

Effective needs assessment, care and treatment

At our previous inspection in November 2020, we saw that GPs had immediate access to all previous consultation notes within the past three months. The service had moved over to a new system in June 2020 and although the previous consultation notes were available on the previous system, they were in the process of moving them over. They told us that improvement work was continuing on the system, including to make sure clinicians had access to all notes in an immediately accessible way.

At this inspection in October 2021, we found the provider had improved access to information about patients care and treatment.

- The provider had brought in a new, bespoke clinical recording system. They told us that all GPs had received training on the new system, including one to one training, video support and webinars. They told us the feedback from staff about the system was positive and that they found it easy to navigate.
- During our inspection, the provider demonstrated that previous consultations and prescriptions were available to view on the system. We looked at two records and saw that access to information about the patient's journey was significantly improved. This included previous consultations, referrals and medical history.
- We spoke with service leaders who told us they were regularly reviewing and improving the system. For example, they were building report functions within the system, such as an improved ability to audit prescriptions. They told us they welcomed suggestions from their staff, and that functionality improvements could be quickly implemented.

Are services responsive to people's needs?

Listening and learning from concerns and complaints

At our previous inspection in November 2020, we found information about how a patient could make a formal complaint was only within the provider's terms and conditions. We also found that the information did not align with the provider's complaints policy, for example the timescales for an acknowledgement and formal response differed.

At this inspection in October 2021, we found that the provider had assigned a dedicated quality assurance lead who was responsible for coordinating their response to complaints. The provider had also taken action to improve information available to patients on how to make a complaint.

- We saw that they had created a leaflet that explained; how to make a complaint, the timescales involved, the stages of a complaint and what patients should do if they remained unhappy with the outcome of the investigation. We saw that this leaflet was available on the provider's website. Staff told us that the leaflet could also be sent out to the patient upon request.
- Staff we spoke with demonstrated their understanding of the complaint process and told us where they could find information if required.
- The provider had updated their complaint policy and processes. We found that the information was in line with the information available to patients, for example the timescales in sending an acknowledgment of the complaint, the expected timeframe of receiving an outcome, what would happen if further time is needed for an investigation and the options available to patients if they disagreed with the provider's decision.