

# HealthHero Solutions

## Inspection report

Inspired  
Easthampstead Road  
Bracknell  
RG12 1YQ  
Tel: 030000240015

Date of inspection visit: 26 August 2022  
Date of publication: 12/10/2022

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 well-led?

Good 

# Overall summary

Letter from the Chief Inspector of General Practice

## **We rated this service as Good overall.**

At our previous inspection in June 2019, we rated this service Good overall, but rated the key question of Effective as Requires Improvement. We issued a requirement notice against Regulation 17: Good Governance of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

We carried out an announced focused inspection of Medical Solutions Inspired on 26 August 2022 to follow up on the breach found at our previous inspection. At this inspection, we inspected the key questions of Safe, Effective & Well-led.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

Medical Solutions Inspired is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury and Transport services, triage and medical advice provided remotely.

Medical Solutions Inspired provides remote GP consultation services to patients of eligible organisations and private medical insurance providers across the UK. Eligible patients can book appointments 24 hours a day, 365 days per year, using Medical Solutions Inspired mobile phone app, dedicated website or telephone booking service. Patients can choose their preferred consultation method from telephone, video or online consultation.

Due to the methodology used in this inspection, we did not conduct a site visit.

At this inspection we found:

- Staff received induction training when newly recruited and had access to training on an ongoing basis.
- Staff had received safeguarding training to the recommended levels in intercollegiate guidance and the providers' policies helped staff to notify statutory bodies when there were concerns about patients' welfare.
- There were systems to manage risk so that safety incidents were less likely to happen. When they did happen, we found the service learned from them and improved their processes.
- The service had policies, systems and processes to ensure staff training and qualifications were recorded, however these were not always operated consistently and effectively.
- GPs followed best practice guidance and documented their decisions in care records appropriately.
- They followed General Medical Council (GMC) best practice guidance and shared the outcome of consultations with patient's own NHS GPs.
- There was an embedded and continual programme of clinical audits to drive improvement in patient safety and quality of care.
- Quality improvement activity was targeted and focussed on patient feedback and clinical outcomes and achieved improvement.
- 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.

# Overall summary

- The service had experienced significant growth in demand for its services and had an ambitious strategy to continue increasing its services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Complete the improvement plan for the accurate documentation of staff training and qualifications records.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a Care Quality Commission (CQC) GP national (specialist) advisor.

## Background to HealthHero Solutions

Medical Solutions Inspired provides remote GP consultations to eligible patients who are provided access to care by their employer or as a benefit of their private medical insurance. Patients can book appointments 24 hours a day, 365 days per year. Treatment is limited to episodic or acute healthcare and does not currently include ongoing care to manage patients' long-term conditions or diagnostic services. (Episodic or acute healthcare is the treatment of conditions and symptoms which have a foreseeable end-point).

Patients, normally resident in the UK, could access the service from anywhere worldwide. Where a prescription of medicine is advised by the GP, patients can decide whether to collect it from their chosen pharmacy or to have it delivered to an address of their choosing.

The organisation is overseen by a Chief Executive Officer, with Medical Directors, a Quality and Compliance Director, Finance Director and an Operations Director offering day-to-day management of the service. There are various departments and organisational managers and team leaders supporting IT, customer service, marketing, client development and HR departments.

There are a number of individual GPs who work for the service. The GPs are on the General Medical Council (GMC) GP Register and the NHS England National Performers List and work remotely to provide patient consultations. They are supplied with a laptop and access the providers' systems securely.

The service is registered with the Care Quality Commission (CQC) as an independent Healthcare Organisation. The provider is HealthHero Solutions UK Limited. The registered office is in Upper Berkley Street in London.

The address of the main operations office is Medical Solutions Inspired, Inspired, Easthampstead Road, Bracknell, Berkshire, RG12 1YQ.

During the inspection the provider notified the inspection team that they had applied to change the name of the service from Medical Solutions Inspired to HealthHero Solutions. This had not been approved by CQC before the inspection was completed, however, it was approved during the writing of the report. We have therefore referred to the provider by their previous name in this report as this was factually accurate at the time of the inspection.

### **How we inspected this service**

Before the inspection we requested and reviewed information from the provider in advance. During this inspection we spoke to both the Registered Managers (who were also the clinical leads), members of the leadership team and several members of administrative staff. Due to the methodology used we did not conduct a site visit of the address listed as the registered premises.

We requested patient feedback via the provider, but no patients contacted CQC during the inspection.

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

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection. We did not inspect the key questions of caring and responsive. Therefore, the ratings for these questions have been carried over for the last inspection in June 2019.

# Are services safe?

**We rated safe as Good because:**

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

All staff employed had received safeguarding training to the recommended levels in intercollegiate guidance and knew the signs of abuse. (Intercollegiate - (a professional group whose objective is to provide guidance for a common aim). GPs had received adult and children safeguarding training to level three. It was a requirement for the GPs employed by the service to provide evidence of up to date safeguarding training certification before their first clinical session with patients. All staff had access to the services' safeguarding policies which included information to help staff know the types of abuse and how to report a safeguarding concern when identified. This policy gave guidance on which internal colleagues and external statutory bodies concerns should be reported and reminded staff to contact the local authority where the patient resided.

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

The provider had a weekly Clinical Quality Team (CQT) meeting where safety concerns and risks to patients were escalated for discussion and review. We saw the provider had reviewed the cases of their most frequent service users to ensure they were the most appropriate service to provide care and treatment. We found the service had identified one patient where it was felt continuity of care would be most effective if that patient only saw their NHS GP, as they had knowledge and oversight of all the patient's ongoing care. The service therefore decided it was in that patient's best interests to remove the patient's access to the service and communicated this to them.

The provider's headquarters were located within modern offices which housed the IT system and a range of administration staff. All staff based on the premises had received training in health and safety which included fire safety. We reviewed the risk assessments and maintenance records for the premises, which included fire safety, legionella and a general premises risk assessment. All were up to date and where issues had been identified, action had been taken to remedy the issue in a timely manner.

Patients were not treated on the premises as GPs carried out the online consultations remotely. Patients could access care and treatment from any country in the world and the provider had assessed the risks of providing treatment to patients overseas. They made it clear to patients in their terms and conditions and at the point of booking that the service was not intended for use by patients with either long term conditions or as an emergency service.

There were processes to manage any emerging medical issues during a consultation and for managing test results and referrals. In the event an emergency did occur, the provider had systems to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called and the consulting GP would make the call on the patient's behalf. We reviewed the service's policy and processes for arranging emergency care for a patient, if they were concerned during a consultation and saw examples of when this had been done to ensure patients were kept safe and received appropriate treatment.

The provider gave patients an open referral letter to seek treatment from specialists and did not recommend any specialists. As care was provided on an episodic/acute basis, the provider requested the specialist sent any test results and outcomes of the referral to the patients' own NHS GP. On rare occasions, when the provider received the results or an update on treatment from the specialist, the provider had a policy for monitoring such correspondence and ensured it was forwarded to the NHS GP, in a timely manner, to maintain the continuity of care and treatment.

# Are services safe?

The provider expected that all GPs would conduct consultations in private, usually from their home, and maintain patient confidentiality. Each GP used an encrypted, password secure laptop provided by the service to log into the operating system, which was a secure programme. Staff could not use their own devices to access the provider's systems. GPs were required to complete a home-working risk assessment to ensure their working environment was safe.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints, service issues, updates on quality improvement activity such as new software systems and changes to processes. 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, we saw discussion related to patient feedback that referral letters to specialists did not always provide enough information for insurance companies to approve care and treatment. In response, the provider created guidance and a template letter which included the minimum standards of information expected by insurance companies when receiving requests for referrals to secondary care.

## **Staffing and Recruitment**

There were enough staff, including GPs, to meet the demands for the service and there was a rota which was managed by a dedicated team to ensure patients' needs were met. GPs were employed on a sessional basis and the provider constantly reviewed patient waiting times. When there were surges in demand, the rota team asked GPs to work additional sessions or additional hours to respond to the demand. To support GPs during consultations there was a support team at the headquarters which included an administration team and a separate IT team.

The provider had an effective selection and recruitment process for all staff. There were several 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).

Potential GPs had to be currently working in the NHS as a GP and be registered with the General Medical Council (GMC) with a license to practice. The provider checked GMC registrations to ensure there were no conditions restricting their practice. We were told of an example where an applicant had conditions on their license to practice, one of which was that they must make any new employer aware of the conditions. They had not notified the provider of this and it was identified at the recruitment stage. Employment was refused to ensure patients were kept safe and the provider notified the GMC that the GP was not complying with their conditions of registration.

There was a professional indemnity policy which included any GP working for the provider and included video consultations. Some GPs chose to have additional medical indemnity insurance.

We reviewed the recruitment records for three clinical and three non-clinical staff and all were compliant with Schedule 3 of the Health and Social Care Act 2008. The provider notified staff two months before any registrations, appraisals or training expired and again after another month, if this information was not provided. In instances of this, the Medical Directors were notified, and the member of staff would be removed from the rota until they became compliant.

Newly recruited GPs were supported during their induction period and there was an induction plan to ensure all processes were known and policies had been reviewed before their first consultation. They also had access to all policies from their laptop and a duty Medical Director for support if advice was needed at any point.

## **Prescribing safety**

# Are services safe?

All medicines prescribed to patients 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. Monthly audits of all GPs who had prescribed medicines to patients were conducted. Schedule 4 and 5 controlled drugs could be prescribed in limited amounts and this had been risk assessed by the provider and were included on a list of higher risk drugs. To prevent the misuse of these medicines, any GP prescribing from this list would automatically have a sample of higher risk prescriptions audited by a dedicated audit team to ensure prescribing was safe for patients.

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 provider also required patients to consent to a record of the consultation and prescription being shared with their NHS GP. The clinical system had been coded to prevent GPs prescribing where consent to share this information was not recorded or it was refused. The only exceptions were for sexual health, patients not registered with a GP practice, or where it was in the patient's best interest despite not being registered with a GP practice. In this case, the patient would be told about the risks of the medicine, how to take it and asked to consider sharing the information with their NHS GP.

To maintain patient's safety, medicines at risk of abuse due to dependence were monitored and we saw evidence that the provider audited this prescribing. The clinical system had an alert system to tell GPs that a prescription had been given within the last six months and prevented prescriptions being issued until a specified date.

Patients could choose to collect their prescription from a pharmacy of their choice, or have it delivered by a pharmacy which the provider had an agreement with. The provider had recently begun using paperless private prescription software which could be accepted by all pharmacies in the UK. Patients were notified by email or text when their prescription was completed by the GP, they then chose a pharmacy for collection and made payment. The pharmacy would then verify their identity on collection. If the patient chose to have their medication delivered and payment was made to the pharmacy partner before 4pm, the medication could be delivered the next working day.

The provider had designed their service to give patients episodic/acute healthcare, they did not provide ongoing management of long-term conditions or repeat prescriptions. The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national and South Central Antimicrobial Network (SCAN) guidance. Prescribing of antibiotics was audited on a monthly basis.

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

*At each consultation the GP used positive identification to verify the identity of the patient. 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 for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed four incidents and found that these had been fully investigated. Where learning was identified, it was shared with all relevant staff and changes to processes were implemented in a timely manner. For example, a patient was sent the consultation notes for another patient instead of their own. That patient was unable to open them because they were encrypted, so confidentiality of the other patient was maintained. The provider investigated and reviewed the incident and identified that manual encryption of consultation notes was a rare occurrence which carried a risk because it could be an unfamiliar process for staff. The provider worked to create a secure, encrypted method of transfer to patients and reminded staff of the need to ensure accuracy of data when sending it to patients.

# Are services safe?

All significant incidents were recorded on a software system, categorised for analysis, risk rated and where necessary, an action plan to remedy the issue was created if changes to processes were identified or learning could be shared. Team leaders discussed incidents at meetings and staff had to acknowledge they were aware of updates to processes or policies.

We saw evidence from four incidents which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.



# Are services effective?

At our previous inspection in June 2019, we rated the provider Requires Improvement for providing effective services as we found the service was not meeting the requirements of the regulations. We issued a requirement notice because we found some systems and processes were not effective to enable the provider to assess, monitor and improve the quality and safety of the services being provided. At this inspection we found improvements had been made and have rated the key question Good.

## **We rated effective as Good because:**

### ***Assessment and treatment***

At our inspection in 2019, we found that decision making and guidance used in consultations was inconsistently documented, and appropriate monitoring and oversight was not always effective. We also found that consent to share information with patients' NHS GPs was not always documented when prescribing had resulted from consultations, and the provider's prescribing policy had not always been followed.

At this inspection, we found improvements had been made. We reviewed 20 examples of medical records which demonstrated each GP assessed patients' needs and delivered care in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidance. We saw adequate notes were recorded, GPs had access to all previous notes, and we saw evidence to demonstrate all consultations had been shared with patients' own NHS GP.

GPs could choose whether their consultations lasted 12, 15 or 20 minutes. The provider had agreed with certain customers that consultations for specified reasons could last longer, for example 30 minutes.

GPs had access to records of all past consultations patients had accessed from the provider, which were recorded in a secure clinical system.

There were templates and guidance required for all consultations to include: an introduction, assessment of past medical history, allergies, agreement of a management plan for the condition and advice of what to do if the symptoms worsened or the patient deteriorated (safety netting).

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination, they were directed to an appropriate agency. If the service could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. The provider had a dedicated audit team which reviewed clinical consultations and provided feedback to GPs on the quality of their consultations. The audits rated five areas of the consultation to identify areas which were outstanding, good and had room for improvement. Free text summaries were also provided to help the GP improve. The outcomes of the audits could be included in the GPs appraisal if they requested this and it was intended that this process would help GPs provide the best care to patients. We also saw that the outcomes of the audits were discussed on a GP by GP basis at the weekly at the weekly CQT and bi-monthly Clinical Governance Board (CGB) meetings and, where there were concerns, these were addressed with the individual GP.

### ***Quality improvement***

# Are services effective?

At our last inspection we found there was not a programme of clinically driven audit cycles or quality improvement activity. At this inspection we were shown evidence that the provider had increased audit and quality improvement activity significantly.

We found the service collected and monitored information on patients' care and treatment outcomes and used this information to make improvements. We were shown evidence of ongoing audit with cycles which began in June 2019. These included the following areas:

- Audits and reviews of consultations and prescribing trends.
- Recording of previous medical history.
- Current medications being taken.
- Safety netting advice had been given.
- Allergy history was recorded.
- Notes and decisions complied with provider policy and/or national guidelines.
- Appropriate medication dose and quantity was prescribed.
- When controlled drugs were prescribed it was compliant with the prescribing policy.

Some of these audits specifically addressed the findings at our last inspection and others had been selected by the provider. All of which, demonstrated improvement from June 2019.

## **Staff training**

All staff completed induction training which consisted of safeguarding, equality and diversity, mental health awareness, data protection and fire safety. Staff also completed other training on a regular basis which included: moving and handling, conflict resolution and communication skills. The service manager had a training matrix which identified when training was due.

The GPs registered with the service received specific induction training and had their professional registrations and qualifications verified prior to treating patients.

Administration staff received regular performance reviews. All the GPs had to have received their own NHS appraisals before being considered eligible at recruitment stage. The provider requested evidence that the GP had included their work for the provider in their NHS appraisal and recorded the date of the next appraisal and revalidation to ensure they were eligible to continue treating patients.

The provider had a system to monitor records of training, appraisals, professional qualifications and medical indemnity and dates for renewal were recorded in a spreadsheet. We reviewed the spreadsheet and identified an issue where some dates were recorded in an alternative date format. The service policy was to record dates of completion in an English format. However, we found some records recorded in an American format. The provider was aware an issue had occurred within the spreadsheet and believed they had rectified it. We were told there was an ongoing project to migrate the records to a new software system. To ensure the training was up to date we sampled the recruitment records of nine GPs and found seven were correct. One GP had an incorrect date recorded for the date training was completed, however the training had not expired and, one had an incorrect date for their GMC appraisal and revalidation.

# Are services effective?

We also reviewed the records of training for non-clinical staff and found one record where training had expired, the training had been completed but the record had not been updated. One example where the training was completed before it expired but the monitoring record had not been updated and four records with incorrect dates of completed training. The provider gave us evidence to demonstrate training had been completed and assured us the new software would provide better oversight of training.

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

Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health and their medicines history. We were told that where diagnostic services were required, patients would be signposted to services which could provide this and would be given an open referral letter which could be given to their private medical insurer or their NHS GP to request the referral.

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 and did not provide care related to pregnancies (as their indemnity insurance did not allow it) and long-term conditions because their business model was to provide episodic healthcare rather than management of ongoing conditions. 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 and had a policy and processes to manage such circumstances. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

The provider did not provide direct referrals to services or specialists. They provided the patient with an open referral letter which explained the findings from the consultation to help a specialist complete further examination and diagnostic testing. Patients could use the letter to request authorisation from their private medical insurer to see a specialist or their NHS GP could refer them onwards, to the appropriate secondary care specialist. The letter requested that test results and diagnostic outcomes were not shared with the provider, instead they should be sent to the NHS GP for review. On occasions where they were, the provider had processes to manage this and ensure it reached the NHS GP.

# Are services well-led?

**We rated well-led as Good because:**

## ***Business Strategy and Governance arrangements***

The provider told us they had a clear vision to provide a high-quality responsive service that put safe, patient-centred care first. We reviewed business plans that covered the next three years. The provider had experienced significant increase in demand, some of which was circumstantial due to the COVID-19 pandemic and some of which was due to their growth plans. They had analysed their competition and their own strengths and weaknesses and had identified areas to improve services which were designed to support further growth and improve patient satisfaction.

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 more frequently when necessary. For example, if an incident or meeting identified a need to change processes or policies, this took place immediately not only on a cyclical basis.

There were a variety of daily, weekly and monthly checks to monitor the performance of the service. The information from these checks was used at the weekly CQT meeting to identify performance issues and to drive improvement. 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. For example, the service was aware there had been an issue with the inaccuracy of training record information before it was found on the inspection. Despite the systems not operating as consistently and effectively as the provider had intended, we were assured that when an issue was identified, suitable mitigation of risk took place and action to reduce or remove the risk was completed in a timely manner. In this example there was limited impact on the safety of patients.

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

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

The provider was part of a larger business and the Chief Executive Officer (CEO) was responsible for all the businesses within the group in the United Kingdom and Republic of Ireland. There was a leadership team which included a Managing Director, Operational Director, Compliance Director and an Accounts Management team. The provider had a Medical Director and a Deputy Medical Director who were available to support GPs with advice and guidance. The service operated an on-call rota which always included an on-call manager, on-call director and operational management on duty in the call centre. Each role was available 24 hours per day, seven days per week.

The provider's purpose was 'simplifying healthcare, improving lives' and wanted to achieve better patient experience and make improved outcomes accessible to all at a lower cost for all patients.

The service told us that during the pandemic they provided remote GP support to patients quarantined in the COVID-19 isolation hotels which included patients who were relocating to the United Kingdom under the Afghan Relocation and Assistance Policy.

The service also told us they offered a range of employee benefits which included:

- An employee assistance programme which was free to all staff and included access to confidential mental health support, a GP service, dental care, physiotherapy, and other therapies for the employee and their dependents.

# Are services well-led?

- Regular staff appraisals and reviews and that several staff had been promoted internally.

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. We reviewed four complaints during the inspection and found that in each example a complete investigation had occurred, and the provider had identified areas for learning and improvement and communicated with the patient to address the concern. The provider analysed complaints for trends and themes and had an overall complaint rate of 0.2% of consultations.

## ***Safety and Security of Patient Information***

There were systems to ensure that all patient information was stored and kept confidential. IT systems and policies protected 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. They were registered with the Information Commissioner's Office and had business contingency plans to minimise the risk of losing patient data.

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

We saw evidence that in the 12 months prior to the inspection the service had received 9,669 pieces of patient feedback which was requested after consultations. The provider showed us evidence of the results, which demonstrated:

- A 93% overall satisfaction rate.
- 88% of patients would recommend the service to a friend or colleague.
- 92% found the booking process good or very good.
- 92% found the consultation time was much longer than expected or about right.
- 96% of patients felt listened to.
- 95% felt they had confidence and trust in the GP they spoke with

The provider also included a link to the CQC give feedback on care form in their survey for a specified period during the inspection. However, we did not receive any feedback from patients.

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. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.) There were designated officers for dealing with any issues raised under whistleblowing and the policy identified external statutory bodies, where employees could raise concerns if they didn't feel comfortable to raise them internally.

## ***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.

## Are services well-led?

Staff told us the team meetings were the place where they could raise concerns and discuss areas of improvement. We spoke with team leaders who told us they had weekly meetings with their teams, but they could also be approached outside of the formal meeting structure. We also spoke with members of staff who stated they would feel comfortable to raise ideas or suggestions for improvement with management and felt confident action would be taken where appropriate.

There was a quality improvement strategy and plan to monitor quality and to make improvements. For example, through clinical audit. The service now carried out over 300 prescribing audits per month. Additionally, we saw evidence to ensure medicines liable to misuse or addiction were prescribed safely, the service had placed an alert in the clinical system which prevented a second prescription within a six-month period.