

HR Healthcare Limited

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Inspection report

Unit 18 Britannia Way
Waters Meeting
BL2 2HH
01204 559999
Treated.com

Date of inspection visit: 9 October 2018
Date of publication: 31/12/2018

Overall summary

Letter from the Chief Inspector of General Practice

HR Healthcare was previously inspected at a different location on 22 November 2016 and we took urgent action to suspend the service for three months as the provider was not meeting the legal requirements for providing safe service. We then undertook a focussed inspection on 17 Jul 2017 to check what improvements had been made and we found that improvements had been made and the service was meeting the requirements of the regulations.

We carried out an announced comprehensive inspection at HR Healthcare on 9 October 2018 as part of our inspection programme.

HR Healthcare employs GPs on the GMC register, to work remotely in undertaking patient consultations when they apply for medicines online. Patients are able to complete a medical questionnaire which is then reviewed by a GP and the medicine is posted directly to the patient.

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

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

Specifically:

- Arrangements were in place to safeguard people, including arrangements to check patient identity.

- We reviewed patient records and found that routine monitoring was not always happening for treatment of long term conditions.
- The provider now ensured that patients were told about the risks associated with any medicines used outside of their licence.
- Suitable numbers of staff were employed and appropriately recruited.

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

Specifically:

- Following patient consultations information was appropriately shared with a patient's own GP in line with GMC guidance, with the exception of 17 consultations relating to asthma treatment that we identified as not being shared.
- Quality improvement activity, including clinical audit, took place.
- Staff received the appropriate training to carry out their role.

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

Specifically:

Summary of findings

- The provider carried out checks to ensure consultations by GPs met the expected service standards.
- Patient feedback reflected they found the service treated them with dignity and respect.
- Patients had access to information about GPs working at the service.

Are services responsive? - We found the service was providing a responsive service in accordance with the relevant regulations.

Specifically:

- Information about how to access the service was clear and the service was available seven days a week.
- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led? - We found that in an area this service was not providing a well-led service in accordance with the relevant regulations.

Specifically:

- We reviewed the medical questionnaire system and found that the answers given by patients could be changed before submitting for clinical review and no audit trail of this was kept by the service.

- The service had clear leadership and governance structures.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- A range of information was used to monitor and improve the quality and performance of the service.
- Patient information was held securely.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider should make improvements are:

- The provider should improve information sharing with a patient's GP before prescribing medicines which are liable to abuse or misuse.

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

HR Healthcare Ltd

Detailed findings

Background to this inspection

Background

Our inspection team was led by a CQC inspector and included a GP specialist advisor, a second CQC inspector and a CQC pharmacist specialist. HR Healthcare Limited is an organisation (registered with the Care Quality Commission in July 2016) that operates an online clinic for patients providing consultations and prescriptions and medicines.

HR Healthcare employs doctors on the GMC register, to work remotely in undertaking patient consultations when they apply for medicines online. The service is open 24 hours a day, 365 days a year and only available to UK residents. This is not an emergency service. Patients of the service pay for their medicines when their online application has been assessed and approved.

Once approved by the prescriber, medicines are dispensed, packed and posted; they are delivered by a third party courier service. HR Healthcare is operated via a website (www.treated.com).

How we inspected this service

This inspection was carried out by a CQC inspector, a GP specialist advisor, a second CQC inspector and a CQC pharmacist specialist.

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, the clinical team, and members of the management and administration team.

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

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

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

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 in some areas 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. All staff had access to the safeguarding policies and where to report a safeguarding concern. All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children and identity checks were in place to prevent children accessing the service.

Monitoring health & safety and responding to risks

The provider headquarters was located within modern offices which housed a range of administration staff. Patients were not treated on the premises as GPs carried out the online consultations remotely. All staff based in the premises had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality and each clinician had signed a confidentiality statement. Each GP used password secured computers to log into the operating system, which was a secure programme. GPs were required to complete a home working risk assessment to ensure their working environment was safe.

There were processes in place for administration staff to manage any emerging medical issues when speaking with the patient over the telephone, and for managing test results and referrals. The service was not intended for use 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.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as

significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed.

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.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Potential GP employees had to be currently working in the NHS and be registered with the General Medical Council (GMC). They had to provide evidence of having professional indemnity cover and an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.

Newly recruited GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered.

We reviewed four 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 and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

The systems in place for the management of medicines did not always keep patients safe.

If a medicine was deemed necessary following review of the patient consultation questionnaire, GPs could issue a private prescription which was dispensed and delivered directly to the patient. The GPs could only prescribe from a set list of medicines which the provider considered low risk, taking into account the nature of the questionnaire-based consultation model. There were no controlled drugs on this

Are services safe?

list, however it included some medicines which were liable to abuse or misuse, for example sedative medicines and weight loss medicines. Patients did not have to give consent to share information about treatment for these medicines with their NHS GP.

Prescribers had access to information about all previous prescriptions, which they considered before prescribing these medicines. However, there was no process in place to monitor or review the prescribing of medicines liable to abuse or misuse, for example a structured review or audit of consultation records.

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. The service prescribed some medicines for unlicensed indications, for example for the treatment of premature ejaculation. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is not listed on the licence is called unlicensed use and is higher risk because less information is available about the benefits and potential risks. There was clear information on the consultation form to explain when medicines were being used outside of their licence, and the patient had to acknowledge that they understood this information. Additional written information to guide the patient how to use these medicines safely was supplied with the medicine.

There was a process in place for the safe handling of requests for repeat medicines. Patients were contacted before their last supply ran out to remind them to reorder. The provider had set up the clinical system to authorise a limited number of repeat supplies for some lower risk medicines, subject to the patient confirming there had been no changes to their health or medical history on each occasion. Once the authorised number of repeats had passed, patients had to complete the full consultation process again.

The provider offered some medicines which required monitoring or blood tests, including medicines for long term conditions. We reviewed seven patient records and found in four cases the prescriber did not request evidence of appropriate monitoring or blood tests or have access to information that it remained safe for the patient to receive medicines before issuing a prescription. We saw an example of a patient requesting a higher dose of their medicine. The prescriber issued a prescription for the higher dose with no evidence of test results to enable safe prescribing. In addition, there were no contact details for the patient's registered GP so the prescriber could not share the details of the increased dose they had prescribed to ensure the patient was followed up appropriately.

Information to deliver safe care and treatment

On registering with the service, patient identity was verified. This was done using a identity checking system to verify the patient's name, address and date of birth. The GPs had access to the patient's previous records held by the service.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We reviewed three incidents and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes.

We saw evidence from two 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.

The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed 16 medical records which were complete records. We saw that adequate notes were recorded and 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. There was evidence that patients were signposted to relevant services, for example if a patient needed an injectable treatment.

There was evidence that changes were made to prescribing to align with best practice guidance. For example, the dosage of a medicine used to treat a sexually transmitted infection was increased so that it was in line with European guidance.

At the time of the inspection only one GP had their consultations monitored. This was raised with the service and we were told that peer review of both the GPs would be implemented. We were later sent evidence that this peer review had taken place.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity such as audits.

Staff training

All staff had to complete induction training which consisted of how the service worked and using the computer system.

Staff also had to complete other training on a regular basis such as safeguarding and information governance. The service manager had a training matrix which identified when training was due.

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, how the IT system worked and aims of the consultation process. The GPs told us they received support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, the GPs received further online training.

Administration staff received regular performance reviews. All the GPs had to have received their own appraisals before being considered eligible at recruitment stage.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. However, we discovered that in all 17 cases of asthma treatment this had not happened due to an error in the system. The service investigated this and confirmed to us that this had not happened to any other patients. The service also immediately contacted all of the GP practices that the patients were registered with to share details of the consultations.

The service had not made any referrals to date but a system was in place. Test results were sent direct from the laboratory to the service. The service would then contact the patient to inform them of the result.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. For example, a series of blogs were available on the provider's website which covered topics such as exercise, sleep deprivation and heart disease.

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 online consultations in a private room and were not to be disturbed at any time during their working time. A privacy impact assessment had been carried out by the service.

Confidentiality was maintained by the service. The website used encryption and was hosted on a secure server. Any correspondence between the clinician and patient was undertaken through a secure chat facility.

We did not speak to patients directly on the days 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. 60 patients

responded and 96% indicated they would rate the service as good or excellent. 95% of respondents said they were quite happy or very happy with the overall service that was provided.

Involvement in decisions about care and treatment

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

Patients had access to information about the GPs working for the service which included their GMC registration number. Patients could request whether they wanted to see a male or female GP. Translation services were available through google translate.

The service also used TrustPilot for patients to leave feedback. The service was rated 9.4 out of 10 by 1272 patients.

Patients could have a copy of their medical records if they made a written request for a copy of this to the provider.

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

The service was open 24 hours a day, 365 days a year. 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.

Once the request for treatment was approved by a clinician, the in house pharmacy team would dispatch medicines directly to the patient.

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 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.

The website was also available in a larger font for anyone who was sight impaired.

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 four complaints out of ten 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 the provider with any enquiries. Information about the cost of the consultation was known in advance and paid for before the consultation appointment commenced.

All GPs and staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear 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 in an area this service was not providing a well-led service 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 year.

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 regular checks in place to monitor the performance of the service including consultations, at the time of the inspection only one GP had their consultations reviewed. The provider informed us after the inspection that the medical director would also have their consultations reviewed. The information from these checks was discussed in clinical team meetings. 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.

We reviewed the medical questionnaire system and found that the answers given by patients could be changed before submitting for clinical review and no audit trail of this was kept by the service. The impact of this was that patients could change their answers in order to increase the likelihood that they would be eligible for a prescription.

Leadership, values and culture

The Clinical Director had responsibility for any medical issues arising. They attended the service daily. There were systems in place to address any absence of this clinician.

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to

achieve priorities. Some of the values of the service were to ensure safe and effective clinical decision making, to make online healthcare accessible and affordable and to promote patient empowerment.

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 the service they received. This was constantly monitored and if fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. The provider asked questions such as 'how would you rate the quality of care that you received when using our service?' (80% responded as 'excellent') and 'how likely are you to use treated.com services in the future?' (83% responded as very likely'). Patient feedback was published on the service's website.

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.

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

Are services well-led?

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

Continuous Improvement

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

We saw from minutes of staff meetings where previous interactions and consultations were discussed.

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

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

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12: Safe care and treatment

How the regulation was not being met:

The provider did not always assess the risks to the health and safety of service users receiving the care and treatment. In particular:

Routine monitoring was not always happening for treatment of long term conditions.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17: Good governance

How the regulation was not being met:

The provider had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

This section is primarily information for the provider

Requirement notices

The provider did not have a system in place to audit answers that were changed by the patient on the medical questionnaire prior to submission.