Express Dispense Ltd

Quality 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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Express Dispense Ltd on 13 February 2017. Express Dispense Ltd was established in 2010 and registered with the Care Quality Commission in March 2016. Express Dispense operates an online clinic for patients via a website (www.expressdispense.com), providing consultations and both NHS and private prescriptions.

We found this service was not providing safe, effective, and well led services in accordance with the relevant regulations. We found this service was providing a responsive and caring service in accordance with the relevant regulations.

Our key findings were:

- The provider used credit/payment card and telephone directory checks to verify the identity of patients using

Summary of findings

the service. There was no evidence that the doctor clarified medical history or treatment with the patient's NHS GP. This put patients at potential risk of harm as it meant that the provider was reliant upon the patient entering accurate and truthful information about their medical history.

- We were not assured the doctor had a comprehensive understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- There was no system in place to assist the doctor to assess patients' needs and deliver care in line with relevant and current evidence based guidance. There were no evidence-based support tools in place for the doctor to utilise.
- The system of quality improvement including clinical and internal audit required improvement. There had been no audits undertaken to analyse the overall operational performance of the service or clinical audits undertaken.
- There was a range of service specific policies which had been developed however not all staff were aware of the existence of these.
- We were not assured all staff were aware of the requirements of the Duty of Candour.
- Systems were in place to protect personal information about patients. The provider was registered with the Information Commissioner's Office.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure the doctor was prescribing appropriately.
- There were systems in place to mitigate safety risks including analysing and learning from significant events.
- There were appropriate recruitment checks in place for all staff.
- An induction programme was in place for all staff. The doctor and pharmacists received specific induction training prior to treating patients.
- 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 told us they felt well supported and that they could raise any concerns.
- The service encouraged feedback from both patients and staff.

The areas where the provider must make improvements are:

- Ensure patient identity is confirmed for each prescription and the resulting delivery of medicines is appropriate.
- The provider should take due account of national guidance such as safety alerts, National Institute for Health and Care Excellence (NICE) guidance and General Medical Council (GMC) guidelines and ensure clinicians deliver evidence based healthcare and treatment in accordance with them.
- Ensure there is a programme for quality improvement such as clinical audit to monitor and improve the service provided to patients.
- Ensure there are processes in place to monitor the training needs of clinical staff and appropriate staff have received training of the Mental Capacity Act and Duty of Candour.

The areas where the provider should make improvements are:

Formalise staff meetings to ensure all staff are updated with service developments regularly.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- The provider used credit/payment card and telephone directory checks to verify the identity of patients using the service.There was no evidence that the doctor clarified medical history or treatment with the patient's NHS GP. This put patients at potential risk of harm as it meant that the service was reliant upon patients for entering accurate and truthful information about their medical history.
- The provider encouraged a culture of openness and honesty however we were not assured all staff were aware with the requirements of the Duty of Candour.
- The system in place to deal with medicine safety alerts was not effective.
- All staff had received safeguarding training however, the doctor and the Superintendent Pharmacist had not completed the appropriate level of safeguarding training for their role. Staff had access to local authority information if safeguarding referrals were necessary.
- There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office. Staff had received training in confidentiality and information governance.
- The service had a comprehensive business contingency plan in place.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- There were enough doctors to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- There were systems in place to meet health and safety legislation and to respond to patient risk.

Are services effective?

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

Summary of findings

- Consent to care and treatment was sought in line with the provider policy however, we not assured the doctor had a comprehensive understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- There was no system in place to assist the doctor to assess patients' needs and deliver care in line with relevant and current guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines. There were no evidence-based support tools in place for the doctor to utilise.
- All staff had to complete induction training which consisted of health and safety, information governance, confidentiality and safeguarding. There was no training matrix in place for all staff which identified when training was due. There was no monitoring in place for the training needs of the doctor.
- There was clear information on the service's website with regards to how the service worked.
- Care and treatment records were complete, legible and accurate, and securely kept.
- If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision.
- The service's website contained information to help support patients lead healthier lives.

Are services caring?

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

- Systems were in place to ensure that all patient information was stored and kept confidential.
- We were told the doctor undertook consultations in a private room between 1-2pm however; the provider did not carry out any random spot checks to ensure the doctor was complying with the expected service standards and communicating appropriately with patients.
- We did not speak to patients directly on the days of the inspection and there had been no patient feedback received since the start of the service in March 2016. Patients were requested for their feedback at each consultation and were asked to submit any suggestions they may have to improve the website.

Summary of findings

Are services responsive to people's needs?

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

- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- There was no description of the doctor available for patients to access.
- There was information available to patients to demonstrate how the service operated.
- The service was open between 9am and 5pm on weekdays. Patients could access the website 24 hours a day via their computer or other portable device with internet access.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Are services well-led?

We found this service was not providing well led care in accordance with the relevant regulations.

- The overarching governance framework to support the delivery of good quality care required improvement. There was a range of service specific policies which had been developed however the doctor was unaware of the existence of these.
- There was no clear clinical leadership in place. The practice did not hold clinical meetings to discuss clinical issues and ensure clinicians were kept up to date. There were no formal arrangements for clinical supervision or peer review.
- Team meetings were informal, irregular and not minuted.
- The provider had a clear vision to provide prescription medicines for allergies, irritable bowel syndrome (IBS), erectile dysfunction, premature ejaculation, hair loss, cystitis, Sexually Transmitted Infections (STIs), contraception, emergency hormonal contraception and skin conditions for patients in a simple, discreet and secure manner from the comfort of their own home.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged patient feedback.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure patient identity is confirmed for each prescription and the resulting delivery of medicines is appropriate.
- The provider should take due account of national guidance such as safety alerts, National Institute for Health and Care Excellence (NICE) guidance and General Medical Council (GMC) guidelines and ensure clinicians deliver evidence based healthcare and treatment in accordance with them.
- Ensure there is a programme for quality improvement such as clinical audit to monitor and improve the service provided to patients.
- Ensure there are processes in place to monitor the training needs of clinical staff and appropriate staff have received training of the Mental Capacity Act and Duty of Candour.

Action the service SHOULD take to improve

- Formalise staff meetings to ensure all staff are updated with service developments regularly.

Express Dispense Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

Background to Express Dispense Ltd

Express Dispense Ltd is a registered pharmacy and launched an online doctor service in March 2016. The provider registered with the Care Quality Commission in March 2016 to provide Treatment of Disease, Disorder, Injury (TDDI) and Transport services, triage and medical advice provided remotely. Express Dispense Ltd operates an online clinic for patients via a website (www.expressdispense.com), providing consultations and NHS and private prescriptions. The service, for consultations, is open between 9am and 5pm on weekdays and available to UK residents. Since the commencement of the online doctor service in March 2016, Express Dispense Ltd had generated 52 prescriptions. This is not an emergency service.

Patients are required to complete a general medical questionnaire to register with the service. For each consultation the patient selects a treatment specified on the website and completes a related questionnaire. The choice of treatments available are for erectile dysfunction, premature ejaculation, sexually transmitted diseases, contraception, hair loss, allergy, cystitis, skin treatments, irritable bowel syndrome and emergency hormonal contraception (Morning After pill). The online doctor will then assess the questionnaire and will determine the suitability of the patient for the treatment. If the doctor assesses the patient request to be clinically appropriate; the patient will receive the treatment and the prescription will be dispensed and supplied by the affiliated pharmacy. The doctor can request further information from the patient via email or telephone where necessary. If the doctor decides not to prescribe a requested medicine, the patient is sent an email stating the order will not be fulfilled and the patient's payment is not processed. The cost of the service for patients includes the price of the medicine ordered, £15 consultation fee and any delivery costs if applicable. The service offered free delivery for any orders over £40.00 and free local delivery to specified postcodes.

The provider employs one doctor on the GMC register who is an Ear Nose and Throat specialist, to work remotely in undertaking patient consultations based on the information submitted by patients through the website questionnaires. The provider also employs a Service Manager, who is the registered nominated responsible individual and a Superintendent Pharmacist who is the registered manager (A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and Associated Regulations about how the service is run); two pharmacists; four pharmacy staff and three warehouse staff. The provider also employs an IT consultant on an ad-hoc basis as required.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Detailed findings

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.

How we carried out this inspection

We conducted our inspection on 13 February 2017 and visited the location of the service. We met with the Service Manager, the Superintendent Pharmacist who is also the Registered Manager; two pharmacists; and spoke with the principal doctor via telephone. We reviewed provider documentation including policies, staff personnel files and 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.

Are services safe?

Our findings

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

Safety and Security of Patient Information

The provider made it clear to patients what the limitations of the service were. The provider website informed patients through the provider leaflet when the pharmacy was closed, for any health problem, advice and details of other health services, visit NHS Choices website or telephone the NHS non-emergency number 111. The service was not intended for use for patients with either chronic conditions or as an emergency service

There were policies and IT systems in place to protect the storage of all patient information. The provider told us that the security of patients' personal data was ensured through third party technical support and encryption services. The service was registered with the Information Commissioner's Office. Staff had received training in confidentiality and information governance. There were business contingency plans in place to minimise the risk of losing patient data.

We discussed with the provider the arrangements in place for the doctor undertaking the consultations remotely. Staff told us the doctor undertook consultations between 1-2pm and could use their lap top at any location (internet connection permitting) and connected to the service through a secure network line.

The service did not treat children however, the provider used credit/payment card and telephone directory checks to verify the identity of patients using the service. There was no evidence that the doctor clarified medical history or treatment with the patient's NHS GP. This put patients at potential risk of harm as it meant that the service was reliant upon patients for entering accurate and truthful information about their medical history. The provider requested details of the patient's NHS GP as part of the registration process however it was not mandatory for patients to provide this information and this was an 'opt-out' system.

Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider. Questionnaires completed by patients were primarily screened by the pharmacy team and then assigned to the doctor to proceed with the consultation. If medicine was deemed necessary following a consultation, the doctor was able to issue a prescription and this was sent to the affiliated pharmacy to supply. The prescription generated would be further checked by the pharmacy team prior to processing the order.

The doctor could only prescribe from a set list of medicines. Prescription medicines were for allergies, Irritable Bowel Syndrome (IBS), erectile dysfunction, premature ejaculation, hair loss, cystitis, Sexually Transmitted Infections (STIs), contraception, emergency hormonal contraception and skin conditions.

Once the doctor selected the medicine and correct dosage of choice, patient information leaflets and 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 by the affiliated pharmacy.

To monitor prescriptions for any form of abuse such as excessive requests; patients who return to use the service for either a repeat prescription of a medicine or a new medicine; are requested to complete the general medical questionnaire each time and the pharmacy team reviewed previous records of patient medicine orders. As part of our inspection we reviewed a sample of patient consultations and saw evidence of orders requested by patients which had been appropriately declined for clinical reasons and we saw no evidence of over-ordering of any medicines by patients.

Within the practice leaflet on the provider website patients were informed the service kept records of all prescriptions dispensed for each patient which helped the service to check for any possible problems such as reactions between medicines and any queries patients may have.

There were protocols in place for identifying and verifying the patient. We saw evidence of a 'Customer Verification' standard operating procedure which instructed staff to check the patient identification with the BT Phone Book website and also confirm the payment card used matches the identity of the patient on the registration form.

Management and learning from safety incidents and alerts

There were no arrangements in place for case reviews and learning from consultations. There were however, systems in place for identifying, investigating and learning from

incidents relating to the safety of patients and staff members. There had been no incidents reported relating to the online doctor service however we were provided with evidence of an example of an incident which related to a fire which occurred within the business park. As a result of the fire, the fire brigade had switched off the power to the whole business park. The incident had been fully investigated and discussed with staff. There was no action taken in the form of a change in processes however as a result of the incident the service's business continuity plan was tested and found to be effective.

From our interviews, we were not assured the doctor was aware of 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.

There were systems in place to deal with medicine safety alerts. A nominated pharmacist received safety alerts and NHS notices for prescribing guidance via email and was responsible for disseminating these to relevant staff. However, the doctor told us he had not received any safety alerts or NHS notices from the provider for prescribing guidance to date.

Safeguarding

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. The doctor and Superintendent Pharmacist had received child and adult safeguarding to level 2 and all other staff had received level 1 safeguarding training. We discussed the level of training for the doctor and the Superintendent Pharmacist and the provider told us they would make arrangements for level 3 safeguarding training for these staff members.

All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to however the doctor employed we spoke with was not aware of the safeguarding policy for Express Dispense Ltd.

All staff had received a Disclosure and Barring Service (DBS) check prior to their employment with Express Dispense Ltd and it was company policy for these checks to be repeated for all staff every two years. (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).

Staffing and Recruitment

There were enough staff, including doctors, to meet the demand of the service. The service had arrangements in place with an alternative online doctor service to provide cover for the doctor for holidays and sickness. The pharmacy team were available to support the doctor during consultations and an IT contractor was available for technical support as required.

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 doctor candidates had to be registered with the General Medical Council (GMC) and had their appraisal. Those doctor 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 proof of their qualifications. We reviewed four recruitment files which showed the necessary documentation was available. Doctors could not be registered to start any consultations until these checks and induction training had been completed. However, the provider did not maintain a training record for the doctor.

There was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Monitoring health & safety and responding to risks

The provider website clearly informed patients which treatments were available. The service had a set range of medicines which could be prescribed. The service did not prescribe medicines for insomnia, anxiety, mental health issues or pain relief symptoms. It was Express Dispense Ltd policy that medicines which were at risk of being potentially abused would not be prescribed and patients would be signposted to access their NHS GP for such prescriptions.

The provider headquarters was located within a purpose built office and warehouse, housing all staff with the exception of the doctor who worked remotely. Patients were not treated on the premises and the doctor carried out the online consultations remotely usually from their home. All staff working within the office headquarters and the warehouse had received training in health and safety including fire safety.

Are services effective?

(for example, treatment is effective)

Our findings

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

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.

At the point of the patient proceeding to the consultation stage of their order request, there was a flag on the website which stated, 'Important Information: By clicking the "Proceed to Consultation" button you accept that you have read and understood the Express Dispense Online Doctor Consent Policy.' The online doctor consent policy was provided through a link adjacent to this statement.

The policy detailed, by ordering prescription medicine through the service the patient consented to personal, health and medication information being exchanged between the Express Dispense Pharmacy team and the Doctors working for Express Dispense for the purpose of the medical consultation; the patient understands and accepts that an order placed through the Express Dispense Online Doctor Service may not result in a prescription being issued; the patient declares that all the information provided by way of an online consultation form through the website is true and accurate and that no information has been withheld that may be relevant or useful in any way; the patient consents to the Express Dispense Pharmacist or Doctor contacting their GP if the need arises; and the patient understands they will be contacted by the Pharmacist if they are a placing an order for the first time as an identity check and safeguarding measure.

From our interview with the doctor we were not assured the doctor had a comprehensive understanding of how to seek patients' consent to care and treatment in line with legislation and guidance and the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The doctor failed to respond appropriately to scenarios we gave relating to patient capacity to make their own decisions.

Assessment and treatment

There was no system in place to assist the doctor to assess patients' needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines. There were no evidence-based support tools in place for the doctor to utilise.

We were told there was no maximum consultation time if a telephone consultation between the doctor and patient was required.

Patients were required to complete two online questionnaires for each consultation; a General Medical Questionnaire (GMQ) which included past medical history; and a Product Specific Questionnaire (PSQ). The GMQ included questions relating to if the patient was pregnant, breast feeding, or planning to start a family. The doctor had access to all previous patient consultation notes and diagnoses.

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 23 medical records which demonstrated the consultations had been adequately completed.

The doctor providing the service was 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 the patient's request, this was adequately explained to the patient and a record kept of the decision.

The service did not monitor consultations or carry out consultation and prescribing audits to improve patient outcomes. We saw no evidence of quality improvement activity.

Coordinating patient care and information sharing

When a patient registered with the service they were asked to provide details of their NHS GP. The service would share relevant prescription information with other services such as the patient's GP; if consent was given by the patient on the registration form. We were told the majority of patients did not choose to share their GP details with the provider although no data on this had been collected.

Are services effective?

(for example, treatment is effective)

We found care and treatment records were complete, legible and accurate, and securely kept.

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. There was a 'Health Advice' section available on the website which provided links to patient information leaflets on diabetes, coronary heart disease, weight management and smoking cessation.

Staff training

All staff had to complete induction training which consisted of health and safety, information governance, confidentiality and safeguarding. There was no training matrix in place for all staff which identified when training was due. We were not assured the doctor had a comprehensive understanding of the Mental Capacity Act and could not evidence this training. We found there was no monitoring in place for the training needs of the doctor.

All staff had received an appraisal with the exception of the doctor; however the doctor had not yet been employed for a year at the time of our inspection. Doctors had to have received their own appraisals before being considered eligible at recruitment stage. Evidence was seen that the provider ensured clinical staff were up to date with revalidation.

We were told two members of warehouse staff had expressed interest in pharmacy at their recent appraisal and arrangements had been made to support these staff members to undertake a Dispensing Assistant course.

Are services caring?

Our findings

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

Compassion, dignity and respect

Systems were in place to ensure that all patient information was stored and kept confidential.

We were told that the doctor undertook consultations in a private room during 1-2pm. The provider did not carry out any random spot checks to ensure the doctor was complying with the expected service standards and communicating appropriately with patients.

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 Customer Care team to respond to any enquiries. Patients were able to telephone the service between 9am-5pm on weekdays and there was a dedicated email address for patient enquiries. The service advertised to patients on the website any email enquiries would be responded to within 24 hours during office hours.

The website also informed patients that a pharmacist was available for advice on all medicines and minor ailments, over the telephone phone.

Staff told us that translation services were not available for patients who did not have English as a first language. The doctor was able to speak Turkish and Greek in addition to English, however this was not advertised to patients on the provider website. There were no structured surveys for patients to complete.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The service was open between 9am and 5pm on weekdays however patients could access the website 24 hours a day. Patients accessed the service via the website from their computer or other portable device with internet access. Patients could complete an online questionnaire and could receive in addition telephone consultation with the doctor where necessary. Staff told us there were no maximum consultation times in order to make an adequate assessment or give treatment.

This was not an emergency service and unlikely to be a service that a patient would access in case of an emergency. The provider website informed patients through the provider leaflet when the pharmacy was closed, for any health problem, advice and details of other health services, visit NHS Choices website or telephone the NHS non-emergency number 111.

All medicines were packed and posted from the warehouse following the prescription generated. The service offered free delivery for any orders over £40.00 and free local delivery. The service told us 98% of all orders received before 2pm were dispatched on the same day. The provider notified patients by email when their medicines were dispatched and were also given details of estimated delivery times in addition to any reasons for a delay in their delivery.

We did not speak to patients directly as part of the inspection. Since the start of the online doctor service in March 2016, the provider had not received any feedback from patients regarding their satisfaction with the service. Therefore we were unable to make an assessment based on patient feedback if the service was meeting the needs of patients.

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.

The service could provide medicines in easy open bottles or in weekly medication packs; compliance reminder sheets and large font labelling for medicines; for any patients who may require these.

There was no description of the doctor available for patients to access.

The national telephone relay service 'Type Talk' was not available to assist patients who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network.

There was no evidence of surveys to assess the needs of people using the service.

Managing complaints

Information about how to make a complaint was available on the service's website.

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. The Super Intendent Pharmacist and the Service Manager were the nominated leads for handling patient complaints.

We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed the two complaints received in the past 12 months. The two complaints related to a prescription being dispensed to the incorrect preferred delivery address for the patient. The learning from these complaints were for staff to ensure they keep the invoice order and the prescription together when processing the order to check the addresses. The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response.

Are services well-led?

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

Our findings

We found this service was not providing a well led service in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider had a clear vision to provide prescription medicines for allergies, irritable bowel syndrome (IBS), erectile dysfunction, premature ejaculation, hair loss, cystitis, Sexually Transmitted Infections (STIs) and skin conditions for patients in a simple, discreet and secure manner from the comfort of their own home.

The provider told us of future plans to expand the online doctor part of the business; however there were no documented business plans developed at this stage.

The overarching governance framework to support the delivery of good quality care required improvement. There was a range of service specific policies which had been developed however the doctor was unaware of the existence of these. The policies were available in paper form within the provider's policy folder at the headquarters and available electronically. Policies were reviewed annually by the Service Manager and updated when necessary. All of the policies we reviewed were up to date.

The system of quality improvement including clinical and internal audit required improvement. There had been no audits undertaken to analyse the overall operational performance of the service or clinical audits undertaken. There were no checks in place to monitor the performance of the service such as random spot checks for consultations. There was no provision of clinical oversight for the doctor and no clinical meetings held.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Leads had been identified for example for safeguarding, incidents and complaints.

Leadership, values and culture

The Director had overall responsibility for the corporate management of the company. The Service Manager was responsible for the daily operational management of the service and attended the service daily. The doctor provided the consultation service for patients and there were systems in place to provide cover for the doctor for any absences from the service.

We found there was a lack of engagement between the doctor and the rest of the Express Dispense Ltd team. The online service was predominantly reliant upon one doctor who did not have a leadership role. We were informed team meetings had happened with staff based at the headquarters and the doctor however these were informal, irregular and not minuted. There were no formal arrangements for clinical supervision or peer review.

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. However, we were not assured the doctor was aware of the Duty of Candour requirements.

Seeking and acting on feedback from patients and staff

Patients were encouraged to provide feedback following each consultation. The service also encouraged patients to provide suggestions how the website could be improved. The Service Manager was responsible for monitoring feedback received and providing responses where necessary however since the commencement of the service in March 2016, the service had not received any patient feedback with the exception of two complaints regarding delivery issues. Patients could also contact the service directly to ask questions or raise a concern and the contact email and telephone number was clearly displayed on the website.

The service had gathered feedback from staff through ad hoc discussion. We spoke with the Service Manager about this who agreed the staff meeting regime required improvement and more regular, documented and structured team meetings would be implemented for the future. The Service Manager told us there were plans to also hold formal weekly meetings with the Director. The Service Manager told us the doctor was able to provide feedback about the quality of the operating system and any change requests were logged with the IT provider for the improvements to be actioned.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. The Service Manager was responsible 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

The service had sought ways to improve. Staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. For example, the pharmacy team and the doctor had worked collaboratively in the design and requirements of the patient consultations which had been updated to improve their safety. Staff told us they could raise concerns and discuss areas of improvement. However, there was no evidence of ongoing quality improvement initiatives.

This section is primarily information for the provider

Enforcement actions

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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services. Providers must ensure staff are aware of and have access to policies and procedures. Providers must have systems and processes to ensure all staff are suitably trained. Providers should read and implement relevant nationally recognised guidance. Providers must have systems and processes in place for quality improvement. This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.