

Dr Morton's - The Medical Helpline

Quality Report

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Date of inspection visit: 24 February 2017
Date of publication: 16/08/2017

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Morton's - The Medical Helpline on 24 February 2017.

Dr Morton's – The Medical Helpline offers consultations with doctors by email or telephone which may result in the prescribing of medicine. Patients were also able to request prescriptions via the provider's website which were then processed by a third party pharmacy.

Summary of findings

Overall, we found this service provided caring, responsive and well led services in accordance with the relevant regulations; however, we identified some areas relating to the safe care and effective services where the provider must make improvements.

Our key findings were:

- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.
- Identity checks relied on a verification of bank account details and email verification. If a patient contacted the provider by telephone, there was also a system to recognise the telephone number of the patient to help verify identification. The provider was considering the use of facial recognition technology in the future to ensure a patient's identity was adequately verified.
- Prescribing decisions were monitored informally by the lead clinician to prevent any misuse of the service by patients and to ensure doctors were prescribing appropriately. Overall clinical outcomes had been monitored.
- The provider did prescribe some medicines for unlicensed indications; patients were not made aware of this or the potential impact of this decision. Some medicines were available for direct supply within packs, for example travel packs. There was limited clinical assessment to ensure these medicines were appropriate for individual patients; the provider has taken some action relating to this finding since our inspection.
- We were told the lead GP received updates on clinical guidance and safety alerts; the provider demonstrated examples of discussing and taking action in response to these alerts.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There were appropriate recruitment checks in place for all staff.
 - An induction programme was in place for all administrative staff. Clinicians contracted with the service received specific induction training prior to treating patients. Staff, including clinicians, also had access to all policies. The provider had a record of staff training; however there was no evidence kept readily available on the day of our inspection to confirm attendance at training or to demonstrate the level of such training or when the training had been completed. Since our inspection the provider has supplied additional some evidence regarding staff training; however we were not assured that all clinicians had received appropriate training in safeguarding children.
- New and updated policies did not always reflect the current practice within the service.
- Staff were not clear on who was responsible for lead roles such as safeguarding and health and safety.
- The details of a patient's GP were not captured if they opted out of consenting to the sharing of information. The provider has taken action in response to this finding since our inspection.
- Non-clinical quality improvement had been on-going and focused on the service user experience. Since the inspection, we have received evidence of four clinical call audits; however these did not demonstrate clinical quality improvement. There were plans to introduce an additional program of clinical audit.
- Patients were treated in line with best practice guidance and medical records were adequately maintained.
- Information about services and how to complain was available.
- There was a business strategy in place and this was regularly discussed at board meetings.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There was limited feedback from patients; however the feedback available was positive.

The areas where the provider must make improvements are:

- Ensure the patient identification system is risk assessed to ensure it is safe and effective.
- Ensure there is a system in place to monitor staff training and to ensure training is of an appropriate level and updated as required.
- Commence a formal programme of clinical quality improvement.
- Ensure staff are aware of lead roles such as safeguarding and that policies reflect this information.

Summary of findings

- Ensure there is overarching governance in place; ensure policies reflect current practice and that staff have read and understood these policies.

The areas where the provider should make improvements are:

- Encourage patient feedback.
- Consider the need for translation services.

- Ensure patients are made aware if they are ordering medicines intended for an unlicensed indication and that they consent to this use.
- Ensure clinicians are working towards completion of the level three safeguarding children training.

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 that in one area this service was not providing safe care in accordance with the relevant regulations.

- 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. On registering with the service, patient identity was only verified by a third party credit check and email verification. At the time of our inspection, the provider was considering the use of facial recognition technology to improve identification verification.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient; we saw evidence of patients being advised to attend accident and emergency departments.
- The service had a business contingency plan; however this plan did not include essential contact details for key members of staff or utility providers.
- Individual prescribing decisions and consultation records were monitored informally by the lead GP. Overall clinical outcomes for patients had been monitored by the provider.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were enough clinicians to meet the demand of the service. Recruitment checks for all staff were in place.
- We were told all staff had received safeguarding training appropriate for their role; however we could not be assured it was up to date or to an appropriate level. Since our inspection, the provider supplied additional evidence of some staff training. All staff had access to information if safeguarding referrals were necessary.
- There were systems in place to meet health and safety legislation.

Are services effective?

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

Summary of findings

- Patients confirmed their identity at every consultation or when prescriptions were issued, this was confirmed by the patient logging into their personal account, additional verification would take place if the clinician communicated by telephone.
- Patients consented to care and treatment by agreeing to the provider's terms and conditions; during individual consultations; implied consent was sought. Not all clinicians had received specific training on the Mental Capacity Act; however we were informed this training was included in safeguarding training.
- The details of a patient's GP were not captured if they opted out of consenting to the sharing of information. The provider has taken action in response to this finding since our inspection.
- We were told that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) guidelines. We reviewed a sample of anonymised consultation records; most of these demonstrated appropriate record keeping and patient treatment, however two consultations we viewed did not give sufficient information to ensure continuity of care.
- The provider did prescribe some medicines for unlicensed indications; patients were not made aware of this information or the potential impact of this decision.
- Some medicines were available for direct supply within packs, for example travel packs. There was limited clinical assessment to ensure these medicines were appropriate for individual patients. The provider has taken some action in response to this finding.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- 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 web site contained information to help support patients lead healthier lives.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment. Whilst the provider confirmed staff had completed training such as safeguarding, there was no evidence readily available on the day of our visit to demonstrate the level of training or the date when it was completed. Since our inspection the provider has supplied additional evidence of some staff training.

Summary of findings

Are services caring?

We found that 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 that GPs undertook consultations in a private room for example in their surgery, at the service or own home. The provider carried out checks to ensure clinicians were complying with the expected service standards and communicating appropriately with patients; this included photographic evidence of clinician's working environment prior to recruitment.
- We did not speak to patients directly on the day of the inspection. We saw examples of positive feedback from patients within the consultation records.

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated. Patients could access help from the service.
- Patients were able to request consultations by email or telephone. These requests were then passed to the on-duty doctor who would respond to the request. Consultations were available between 7am and 11pm seven days a week.
- Patients were able to access information about the doctors available, and whilst most patients would receive a consultation by the on-duty doctor, there was some flexibility if a patient requested a specific clinician.
- Whilst the provider's policy stated independent translators should be used for patients who did not speak English, these translation services were not readily available.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Are services well-led?

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

- There was a business strategy which was discussed regularly at board meetings.
- There was a range of policies in place to support clinical governance and risk management; however these policies were

Summary of findings

new and had not been embedded at the time of our inspection. We found examples of policies which did not reflect current practice including the NICE guidance policy and training policies.

- There was a management structure in place and the staff we spoke with understood their responsibilities; however not all staff were aware of key, lead roles such as safeguarding and health and safety. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- Quality improvement was informal at the time of our inspection; however the provider intended to introduce a programme of clinical and non-clinical audit to drive improvement. Since the inspection, we have received evidence of four clinical call audits; however these did not demonstrate clinical quality improvement.
- The service encouraged patient feedback; however, due to the small number of patient consultations being conducted, the amount of feedback we saw was limited. The service was not registered with any online review websites at the time of our inspection and the provider had not conducted a specific patient survey.

Dr Morton's - The Medical Helpline

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Morton's - The Medical Helpline

Background

Dr Morton's Ltd registered with CQC on 9 September 2014 and offers patients medical advice and treatment via an online platform. Patients access the services via Dr Morton's website www.drmortons.co.uk and can request consultations with a doctor via email or telephone. Patients can pay for these services by direct debit, which offers an unlimited service for a set payment per month, or by paying for an individual consultation. Patients can also order direct supply medicines from a small selection available via the provider's website.

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

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff.
- Reviewed organisational documents.
- Reviewed 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?

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.

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

Are services safe?

Our findings

We found that in an area 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. There were processes in place to manage any emerging medical issues during a consultation and for managing referrals. The service was not intended for use for patients with either chronic conditions or as an emergency service. In the event an emergency did occur the provider had systems in place to ensure contact details for the patient were known, so emergency services could be called.

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 was a business contingency plan in place to minimise the risk of losing patient data; however this plan did not provide important contact details for staff or third parties responsible for data protection.

On registering with the service, and at each consultation patients confirmed their identity either verbally on the telephone or by signing into their online account and the GPs had access to the patient's previous records held by the service. The service did not treat children at the time of our inspection although the provider had plans to introduce this in the future.

Patient's identity was verified by the provision of bank account details to a third party company, provision of a date of birth and UK address, and by email verification. If patients accessed the service by telephone, there was also a system to recognise the caller's telephone number to help verify identification. At the time of our inspection there was no risk assessment conducted to ensure this system was safe or effective. The Registered Provider had plans to implement the use of facial recognition technology.

We were told that telephone consultations were recorded but the provider was unable to provide these recordings on the day of our inspection when we asked for them. We were

told these recordings were stored by a third party organisation. Since our inspection, the provider has increased their awareness of this system and have commenced a live call audit.

Prescribing safety

The doctor told us that the consultations and prescribing were in line with evidence based guidance, for example National Institute for Health and Care Excellence (NICE) guidance. However, there were no prescribing audits to monitor the individual prescribing decisions to monitor the quality of the online questionnaires or prescriptions issued. Overall clinical outcomes for patients were monitored.

The provider prescribed antibiotics for a range of travel conditions, and we saw evidence of where these had been refused due to the inappropriate need for them.

We noted that medicines were prescribed for unlicensed indications, for example to treat travellers' diarrhoea. Medicines are given licences after trials have shown they are effective and safe for use in treating a particular disease. If a medicine is used in a way that is different from that described in its licence, this is called 'unlicensed' use. Treating patients with medicines for a disease that is not described in its licence is higher risk because less information is available to show the benefits and less is known about the potential risks. There was no statement on the website which informed people if a medicine was being used for an unlicensed indication. The manufacturer's patient information leaflet provided with the medicine only referred to the licensed use of that medicine and no further information was provided. We did not see evidence of consent by the patient to acknowledge and accept that they were receiving a medicine for use outside of its licence. This posed a risk to the patients and was not in accordance with General Medical Council guidance.

Management and learning from safety incidents and alerts

We were told that the registered manager reviewed the alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and informed the doctors of any that were relevant. There was a process within the organisation to receive, record, distribute and monitor safety alerts which meant that the provider had oversight of patients who may have been prescribed medicines which were the subject of these alerts.

Are services safe?

We saw documents recording the details of significant events which had been discussed and actions had been taken to prevent them happening again.

Safeguarding

Staff employed at the headquarters had received training in safeguarding and knew the signs of abuse and to whom to report them. The provider told us all GPs had only received level two child safeguarding training and adult safeguarding training. It was a requirement for GPs contracting with the service to provide safeguarding training certification; however we were not able to see evidence of the original certificates to determine the training was to an appropriate level or the date when it was completed, one certificate we could find was dated 2013. Since our inspection, the provider has supplied evidence of some staff training in safeguarding. All staff had access to safeguarding policies; however this policy did not align with the provider's own guidance, for example the policy stated staff only needed level two safeguarding training. The policy did not contain appropriate contact details of agencies to enable staff to make referrals if required.

Not all GPs/staff had received specific training about the Mental Capacity Act 2005; however we were informed staff received training on this subject as part of their safeguarding training. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. If a patient's mental capacity to consent to care or treatment was unclear we were told the GP would assess the patient's capacity and record the outcome of the assessment.

Staffing and Recruitment

There were enough staff, including clinicians, to meet the demand of the service and there was a rota to ensure there was always a clinician available between 7am and 11pm. There was a support team, including IT staff, available to the GPs during consultations.

The provider had a selection process in place for the recruitment of all staff which was outlined in their recruitment policy. Required recruitment checks were carried out for all staff prior to commencing employment.. Potential clinical candidates had to be registered with the General Medical Council (GMC) and had their appraisal. We

were told that those clinical candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the GMC, proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act. During the inspection it was difficult to find all of this evidence and staff were aware that the information needed to be more readily available.

We reviewed three recruitment files which showed the necessary recruitment checks were available. We were told that training certificates had been checked and recorded on a training matrix, copies had not been kept on file and the training matrix did not flag when any documentation was due for renewal such as their professional registration. Since our inspection, the provider has supplied additional evidence of some staff training. Clinicians could not be registered to start any consultations until these checks and induction training had been completed.

Monitoring health & safety and responding to risks

Although a risk register template was available, this was not being used at the time of our inspection; however, we did see evidence of risk being identified and appropriate actions being taken to mitigate this risk, we also saw evidence that this had been discussed at a governance meeting.

The provider headquarters was located within purpose built offices, accommodating IT, management and administration staff. Patients were not treated on the premises and the GPs carried out the online consultations remotely usually from their home or regular place of work. Administration staff had received training in health and safety including fire safety.

The provider expected that all clinicians would conduct consultations in private and maintain the patient's confidentiality; prior to employment, clinicians were required to submit photographic evidence of their working environment to demonstrate security and confidentiality. Each clinician used their laptop to log into the operating system, which was a secure programme.

Due to the nature of the service provided, no medical equipment was required to carry out the consultations.

Are services effective?

(for example, treatment is effective)

Our findings

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

Consent to care and treatment

There was 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. Patients were able to choose between a one off charge for a consultation or prescription or a monthly payment scheme which offered them unlimited use of the service. Patients were not charged until the consultation or prescription was approved and completed.

Assessment and treatment

We reviewed 16 examples of medical records which demonstrated that each clinician 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) best practice guidelines.

We were told that consultations did not have a time limit and would continue with additional contact until the issue was resolved; there was a system in place where the clinician could contact the patient.

Patients completed an online form which included their past medical history; there were two separate questionnaires, one for female patients and one for male patients. 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. Of the 16 medical records we reviewed, most demonstrated notes had been adequately completed; we saw one record that had not been appropriately documented, the clinician explained that this had been processed via a hospital secretary due to prior, detailed knowledge of the patient in question and assured us this was a one-off example that would not be accepted in the future. The consulting clinicians had access to all previous notes.

The doctors 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; we saw examples of patients being signposted to their own GP or to their nearest A&E department as well as referral letters to private consultants. Patients were able to submit photographs of any complaints, such as a rash, to assist the clinician in reaching a diagnosis. 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 monitored consultations informally at the end of each day due to the low number of consultations at the time of our inspection. The clinical director had plans to carry out consultation and individual prescribing audits to improve patient outcomes; however this was not in place at the time of our inspection. Since our inspection, the provider has supplied evidence of auditing the overall outcome for the patient and of four clinical call audits.

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 NHS GP; if the patient agreed they were then prompted to provide contact details. If the patient did not agree to the service sharing information with their GP there was no prompt to capture the GP details in case of an emergency. We saw example of consultation notes having been shared with the GP with the appropriate patient consent. Since our inspection, the provider has taken some action in response to this finding.

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 (or links to NHS websites or blogs). For example: there was information available regarding dealing with anxiety, relief from allergies and treating coughs and colds as well as a blog discussing current health news.

Staff training

There was a new induction policy in place which outlined mandatory training for new staff; at the time of our inspection staff had started to undertake this training but

Are services effective?

(for example, treatment is effective)

had not completed all training outlined in the policy. The service manager had a training matrix which identified what training staff had completed but did not detail the level of some training such as safeguarding or the date when it was completed; since our inspection the provider has informed us that an administrative member of staff had a record of when training was due. Staff told us they felt supported with on-going training needs. The service held two training days a year for all staff to attend; these training days were forums for continuous personal development and were attended by guest speakers. Staff we spoke with commented positively on these.

There was a new policy in place which stated administration staff would receive annual performance reviews; at the time of our inspection these had not been completed. All clinicians had to have received their own appraisals before being considered eligible at recruitment stage. Since our inspection the provider has taken some action in response to this finding.

Are services caring?

Our findings

We found this service was operating 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 GPs undertook consultations in a private space and were not to be disturbed at any time during their working time. The provider carried out checks prior to employment to ensure clinicians would be able to comply with the expected service standards and communicate appropriately with patients.

We did not speak to patients directly on the day of the inspection. However, we reviewed some patient feedback

available on patient consultations which was positive. The service was not registered with any online review websites at the time of our inspection and the provider had not conducted a specific patient survey.

Involvement in decisions about care and treatment

Patient information 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 clinicians available and there was some flexibility with regards to selecting a doctor of their choice; however patients were usually consulted by the duty doctor at that time.

Although the policy stated translation services were available, when we spoke to staff we were told these services had not been implemented at the time of our inspection. We were informed that no decision had been made as to whether these would be provided.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found this service was operating in accordance with the relevant regulations.

Responding to and meeting patients' needs

The service was provided seven days a week; consultations were available between 7am and 11pm. 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 more appropriate to contact their own GP or NHS 111.

The service provided consultations to patients via email or telephone. Patients requested a consultation with a doctor who then contacted them at an allotted time. Following the initial consultation, the clinician was able to contact the patient back if they had not been able to make an adequate assessment or give treatment.

All clinicians were based and registered within the UK. Any prescriptions issued were dispensed and dispatched by a third-party pharmacy to a UK address of the patient's choice.

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 doctors available. Patients could request a consultation with either a male or female GP; they could also request to talk to a GP who spoke a specific language, or who had a specific qualification; these requests were accommodated whenever possible.

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. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaints system and noted that comments and complaints made to the service were recorded. We reviewed one complaint out of one received in the past 12 months. The provider was able to demonstrate that the complaints which we reviewed had been handled correctly and also that patients had received a satisfactory and timely 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 that in some areas this service was not providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We saw that business plans and the service strategy were regularly discussed at board meetings.

There was a staffing structure and staff were aware of their own roles and responsibilities; however there was some confusion over lead roles such as safeguarding and health and safety lead roles. There was a range of service specific policies which were available to all staff; these had recently been updated and, at the time of our inspection, did not reflect the current practices provided by Dr Morton's Ltd.

There were some systems in place to monitor the overall performance of the service; there were plans in place to implement additional checks including audits of individual consultations and prescribing decisions. Since the inspection, we have received evidence of four clinical call audits; however these did not demonstrate clinical quality improvement.

There was no risk register in place but we saw evidence of risks being identified, discussed and actions taken to mitigate these risks.

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

Leadership, values and culture

The registered manager, who was also a Director and a UK based GMC registered doctor, had overall responsibility for any medical issues arising. They attended the service regularly; when this clinician was unavailable, there were other Directors available.

The values of the service were published on their website and included kindness, empowerment and to use language that patients could understand.

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.

Seeking and acting on feedback from patients and staff

Due to the low number of patient consultations being conducted at the time of our inspection, there was limited patient feedback available. We saw some positive feedback documented within patient records. The service was not registered with any online review websites at the time of our inspection and the provider had not conducted a specific patient survey.

There was evidence that clinicians 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 whistleblower is someone who can raise concerns about practice or staff within the organisation. The Registered Manager was the named person for dealing with any issues raised under whistleblowing.

We saw from minutes of staff meetings where previous interactions and consultations were discussed. Staff told us they could raise concerns and discuss areas of improvement on an on-going basis and felt supported in doing so.

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. The provider had recently appointed a Director for Clinical Governance to drive clinical quality improvement; however there was a limited programme of clinical quality improvement at the time of our inspection.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• A number of policies were available; however these had been recently updated and did not always reflect current practice within the organisation.• Lead roles were not clear and staff were not aware of who had lead roles within the organisation.• Training records could not assure the provider that all staff had adequate, appropriate and in date training relevant to their role.• At the time of our inspection there was no formal programme of clinical quality improvement.• There were no systematic arrangements to receive, seek or act on patient feedback.• The patient identification system was not risk assessed to ensure it was safe and effective.