

PrivateDoc Limited

Inspection report

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Date of inspection visit: 20 October 2020
Date of publication: 24/11/2020

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We rated this service as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of PrivateDoc Limited on 10 May 2017 and found that the provider was not providing safe, effective and well led care in accordance with the requirements of the Health and Social Care Act 2008. We issued Requirement Notices and a Warning Notice to the provider to drive improvement.

We undertook a desk-based review on 3 August 2017 to check that the provider had followed their action plan and to confirm that the requirements of the Health and Social Care Act 2008 had been met following our Warning Notice.

Following the review on 3 August 2017, we found that the provider had responded appropriately to our findings and had met the requirements set out in our enforcement action.

We carried out an announced comprehensive inspection on 25 January 2018 and found the improvements made had been embedded and the provider had met all of the standards.

We carried out an announced comprehensive inspection at PrivateDoc Limited on 1 July 2019 as part of our inspection programme to rate independent healthcare providers. Shortly after the inspection, CQC received an enquiry via our National Customer Service Centre raising multiple concerns and carried out a second announced visit on 15 July 2019. Following that inspection, we imposed urgent conditions on the provider's registration, in relation to breaches of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act. The service was rated as inadequate overall and in all key questions.

We carried out an announced comprehensive inspection at PrivateDoc Limited on 26 February 2020 as part of our regulatory response to breaches of regulation we identified at our July 2019 inspection. We rated the provider as Inadequate overall and the service was placed in special

measures as insufficient improvements had been made such that there remained a rating of inadequate for safe, effective and well-led services. We took action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. The service was kept under review and provided regular information detailing the improvements they had made. Based on the assurances from the provider on the improvements made and in light of the COVID-19 pandemic, we withdrew our proposal to cancel the providers registration and issued a serious concerns letter detailing the monitoring arrangements for the service until such time as we could safely inspect.

We carried out this inspection on 20 October 2020 and found the improvements made had been implemented, sustained and were effective.

Details of the previous inspection and reports can be found by following the links for the provider on our website www.cqc.org.uk.

At this inspection, we rated the provider as Good for providing safe services because:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

Improvements made since our last inspection included;

- Continued improvement of identification checks including anti money laundering checks and development of facial recognition technology.
- The service ensured patient records and patient contacts were always completed and recorded, with the quality of patient records monitored through quality improvement activity.
- Systems and processes were strengthened to provide assurance that the named account holder was the person receiving and using the medicines ordered and ensuring the facility of using an alternative delivery address kept patients safe.
- Improved processes and procedures to manage or respond to emergency medical situations in the event a patient presented with an emergency situation.

At this inspection, we rated the provider as Good for providing effective services because:

Overall summary

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

Improvements made since our last inspection included;

- The service had further improved and embedded an effective quality improvement program.
- There was a clear audit trail of the clinician's rationale for approving or declining each prescription request. This was monitored through the services quality improvement activity.
- The service had improved their consultation review process which was extended to all patients at fourteen days after the initial consultation. This formed part of the service's quality improvement activity and was effective in identifying issues and concerns and driving improvements for patients.
- There were now clear and effective processes in place for contacting and reviewing patients who were on medicine for weight loss and who had not achieved the manufacturer's suggested weight loss.

At this inspection, we rated the provider as Good for providing caring services because:

- Team members treated patients with kindness and respect and involved them in decisions about their care.
- The service was rated as "Excellent" in 95 percent of 2,886 online reviews with an average rating of 4.9 out of five stars.

At this inspection, we rated the provider as Good for providing responsive services because:

- Patients could access care and treatment from the service within an appropriate timescale for their needs.

Improvements made since our last inspection included;

- The service had improved processes for identifying, managing and responding to complaints which drove improvement.

At this inspection, we rated the provider as Good for providing well-led services because:

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Improvements made since our last inspection included;

- The service had acted upon all of the concerns identified from our previous inspections.
- Governance structures, systems and processes were improved, embedded and were effective.
- There was a comprehensive programme of quality improvement activity in place to monitor and improve the performance of the service.
- There were effective systems in place to ensure care and treatment records were complete, accurate of sufficient quality and contained information on the decision-making process of the clinicians.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a member of the CQC medicines optimisation team.

Background to PrivateDoc Limited

PrivateDoc Limited offers a digital medical service providing patients with prescriptions for medicines that they can obtain from the affiliated pharmacy (which we do not regulate). We inspected the digital service at the following address: Unit 7, Wharfside House, Prentice Road, Stowmarket, Suffolk, IP14 1RD.

The service can be accessed through the website. Patients can register with the website, select a condition they would like treatment for and complete a consultation form. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is sent to the affiliated pharmacy for the medicines to be supplied. Service users pay for their medicines when their on-line application is approved.

Patients can access the service 24 hours a day however phone and e-mail communications are only monitored between 9am to 5pm, Monday to Friday. Outside of these hours patients are directed to appropriate NHS services for emergency medical care.

A registered manager is in place. A registered manager is a person 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.

How we inspected this service

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook most of the inspection processes remotely and spent less time on site. Before visiting, we reviewed a range of information we hold about the service including information from the provider supporting improvements made in response to concerns identified at our previous inspection.

During our visit we:

- Spoke with a range of staff
- Reviewed organisational documents, processes and procedures
- Reviewed patient records.

We did not speak with any patients as part of the inspection, but reviewed feedback collected by the service and patient feedback received directly by CQC.

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?

At our last inspection, we rated the provider Inadequate for providing safe services because:

- We found the service had not made improvements to address all the concerns noted in our previous inspection report and we identified several new concerns.
- The service's process for completing patient identification checks had been improved since the previous inspection. However, we found evidence that the service had manually approved a patient's prescription request without a fully verified identification.
- We found patient records were not always complete and the service told us that not all patient contacts were recorded.
- The service could not provide assurance that the named account holder was the person receiving and using the order and the service had no system in place to ensure the facility of using an alternative delivery address kept patients safe.
- The service told us there were no processes or procedures to manage or respond to emergency medical situations in the event a patient presented with an emergency situation.

At this inspection we found the provider had made the required improvements to address the concerns raised. The provider is rated Good for providing safe services:

Keeping people safe and safeguarded from abuse

- Staff employed at the headquarters had received training in safeguarding and were aware of the signs of abuse. All staff had access to the safeguarding policies and knew how to report a safeguarding concern. All the GPs had received adult and child level three safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification. We found the service had taken appropriate and timely action to respond to safeguarding concerns. The service had a safeguarding policy and did not provide regulated activities to people under 18 years of age.

Monitoring health & safety and responding to risks

- The service headquarters was located within modern offices which housed the IT system. Patients were not treated on the premises as GPs carried out the online

consultations remotely; usually from their home. The service expected and clearly set out that GPs would conduct consultations in private and maintain patient confidentiality. Each GP used an encrypted, password secure laptop 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. The service was not intended for use by patients with either long term conditions or as an emergency service. The service had introduced whole staff group 'all hands' meetings where standing agenda items covered topics such as service issues, significant events, complaints, case reviews and clinical updates. We saw evidence of meeting minutes to show where these topics had been discussed. The service had also conducted individual COVID-19 risk assessments for all staff. This identified a number of risks to the health and wellbeing of staff and their dependents and in line with government guidelines the service allowed and facilitated all staff to work from home.

Staffing and Recruitment

- There were sufficient staff, including GPs, to meet the demands for the service. There was a medical director, prescribing GP, a GP employed to complete consultation reviews and a separate IT team. The prescribing doctors were paid on a per consultation basis and were not incentivised to approve consultations by receiving a set payment for every consultation reviewed, including those rejected. The service 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 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, be registered with the General Medical Council (GMC) and on the National Performers List. They had to provide evidence of having professional indemnity cover, and up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act.
- At our previous inspection the service was able to demonstrate clear recruitment processes to ensure appropriate checks were undertaken, clearly recorded

Are services safe?

and signed off at director level. We had reviewed the service's recruitment policy and the personnel files of a recently recruited non-clinical member of staff and found all of the relevant recruitment and staffing checks had been completed. At this inspection we found that the service had recently appointed one new member of staff and that appropriate recruitment checks had been carried out and approved by two directors.

Prescribing safety

- Medicines were prescribed to patients from online forms which were monitored by the service to ensure prescribing was evidence based. Patients selected a medicine from a set list which the service had risk-assessed. There were no controlled drugs on this list. The service did not prescribe medicines for use in an emergency.
- Every request was reviewed by a GP who could contact the patient for further information. If the request was approved, the GP could issue a private prescription which was dispensed by the affiliated pharmacy. 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. Patients were requested to electronically confirm during the consultation process that they had read and understood the potential side effects of their medicine.
- Some medicines such as oral contraceptives and medicines for erectile dysfunction could be ordered on repeat prescription. There were limits on the number of repeats allowed and the review period for each condition, after which the patient was required to complete a full consultation questionnaire before a further prescription was issued. Other conditions such as weight loss required a full questionnaire for every order. The service did not prescribe any medicines which required routine blood tests.
- The service offered weight loss medicines including one administered by injection. Patients updated their weight and other information each time they requested a prescription, and this information was available to the doctor in graph form, to allow them to monitor progress. After the first prescription of the injectable product, the service contacted the patient to see if they were managing the injections, whether there were any side effects and whether the medicine was effective. At our previous inspection we found that patients records were

not always complete and that not all contacts with patients were recorded. At this inspection we found that the service had updated their policy and procedure to ensure all staff recorded every contact with a patient, where appropriate. The service reviewed all calls as part of their quality improvement process to assure themselves that this change in practice was followed by staff and to identify any further improvements.

- Since the last inspection the service had also made changes in their system and processes to ensure people were signposted to the appropriate healthcare service in case of an emergency arising from treatment they had prescribed. This information was also available to patients even when they tried to contact the service out of hours.
- We did not inspect the pharmacy as part of this inspection as this was not regulated by CQC. The service had a system in place to assure themselves of the quality of the dispensing process. Patients could track the progress of their order using their secure account.
- At our previous inspection, we found that the service could not provide assurance that the named account holder was the person receiving and using the order and there was no system in place to ensure the facility of using an alternative delivery address kept patients safe. At this inspection we found that the service had updated their policies and had put stricter protocols in place for identifying and verifying the patient. Any requests for changing a delivery address had to be done over the phone. A member of staff assessed the appropriateness of the reason given and logged this in the records. Where there was any evidence of potential misuse of the service, the service reserved the right to cancel the transaction and prevent the patient from using the service whilst directing them to their GP for assessment of any ongoing needs.

Information to deliver safe care and treatment

- The service had continued to provide a robust system for checking and verifying patient identification following concerns raised at our previous inspection. The service was able to demonstrate the effectiveness of the system and highlight where the system had prevented patients accessing medicines by identifying potential misuse and identity fraud. The system had also been strengthened to include anti money laundering checks.

Are services safe?

- The service was in the late stages of implementing a 3D facial recognition system to further enhance the identification verification process.
- GPs had access to any information held about the patient's previous interactions with the service. The quality assurance processes in place ensured patient records were up to date with relevant and quality information that met guidelines.

Management and learning from safety incidents and alerts

- There was a system in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. We looked at examples of incidents reported and found that these had been fully investigated, discussed and appropriate actions had been taken.
- We saw evidence from three incidents which demonstrated the service 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 received medicines safety alerts which were reviewed by a pharmacist.
- The alerts were shared with all staff and documented on the service's clinical system where actions were assigned and monitored.

Are services effective?

At our previous inspection we rated the provider as Inadequate for providing effective services because:

- We found the service had not made improvements to address all the concerns noted in our previous inspection report and we identified a number of new concerns.
- There was no documented evidence or audit trail of the clinician's rationale for approving each prescription request. This was raised as a concern during our July 2019 inspection visit.
- The service's quality improvement program was newly developed and in its infancy. We found improvements had not always been made where areas of poor performance had been identified.
- The service's consultation review process was ineffective and failed to highlight issues and concerns which we found on the day of the inspection. This was raised as a concern during our July 2019 inspection visit.
- There was no formal process for contacting and reviewing patients who were on medicine for weight loss and who had not achieved the manufacturer's suggested weight loss.

At this inspection we found the provider had made the required improvements to address concerns raised. The provider is now rated Good for providing effective services:

Assessment and treatment

- Patients completed an online form which included their past medical history. There was a set template for each medicine requested for the consultation that included the reasons for the consultation. If the GP had not reached a satisfactory conclusion, there was a system in place where they could contact the patient again for further information.
- At our previous inspection we identified that clinician's rationale for approving and rejecting prescription requests was not always clearly documented. At this inspection the service were able to demonstrate improvements made to the rationale recording process including having a mandatory field in the patient record for inclusion of rationale which was audited as part of the quality improvement process. There was a clear audit trail of when, why and by whom records had been

accessed which also informed the quality improvement process. The patient records we examined demonstrated this new system was effective and embedded.

- At our previous inspection we reviewed patient consultation records and found there was an inconsistent approach to contacting patients who had not achieved the manufacturer's suggested weight loss. At this inspection we found the service had improved by setting weight loss targets and weight loss target dates which were included with their prescription and a separate email was sent detailing the treatment plan. The target forms part of the patient's record and is visible to the doctor on an ongoing basis. Targets are followed up as part of the services 14-day consultation review process. Quality improvement activity ensured care and treatment was provided in line with national guidelines and manufacturers guidelines. We saw evidence in patient records that the process is embedded and effective.
- At our previous inspection we found the service had ensured that clinical advice was only provided by clinical members of staff. However, this clinical advice was not always recorded in the patient's records. The service had a system in place to review 7% of consultation records and employed an independent GP. We found this system was ineffective and failed to highlight issues which we found on the day of the inspection. Following the inspection, the service held an inspection feedback session with all staff, highlighting the issues identified and setting out improvements required. A set of signs for each workplace was produced, reminding staff of the importance of recording all patient contacts. Technological solutions were introduced to ensure appropriate security questions were prompted at the point of contact. All clinical correspondence was tasked to the prescribing GP for review. A quality improvement process was instigated which reviewed all patient contacts, with any quality issues identified, recorded and raised with individual team members and where necessary the whole team, to encourage improvement. At this inspection the service was able to demonstrate a robust and effective system of recording and reviewing all patient contacts with a plan to make the quality improvement system more sustainable by reducing the number of patient contacts reviewed.

Are services effective?

Quality improvement

- At our previous inspection we found the quality improvement processes introduced were not always effective in identifying areas of poor performance which impacted on outcomes for patients and in making improvements where areas of poor performance had been identified. At this inspection the service was able to demonstrate an embedded and effective quality improvement system which identified and acted to improve areas of poor practice and monitor and sustain areas of good practice. There was a quality improvement activity programme in place which all staff were involved in, and which was overseen at a senior level. Quality improvement was embedded in meetings and drove improvement in patient care through better engagement with staff and patients. Staff recognised the importance and benefits of having a robust quality improvement system.

Staff training

- The service ensured staff were up to date with their training through electronic records and monitoring. Training needs were identified through quality improvement activity and appraisals. For example, all staff had completed customer service and complaints training.

Coordinating patient care and information sharing

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service had created a system which allowed

patients to pick their GP practice from a list or map based upon their postcode in order to try and encourage patients to consent to sharing information. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. At our last inspection we found there was no clear risk assessment in place relating to when it would be appropriate to decline to prescribe in the event of a lack of consent to share information about the prescribing with a patient's GP. At this inspection we found the risk assessment had been updated and there were plans to review the risk assessment at least bi-annually. The service had also worked to increase the rate of GP details collected through better communications about the importance of information sharing and what information would be shared. This resulted in the rate of GP details collected increasing from around 24% to around 80%.

- The service did not prescribe any medicines which required routine blood tests and did not offer any medical tests or referrals.

Supporting patients to live healthier lives

- The service had a range of information available on the website (or links to NHS websites or blogs). Each medicine available on the website was accompanied with additional information provided by the GP or medical director.
- Follow up consultations gave the service an opportunity to monitor and review healthy lifestyle advice which was particularly important for patients prescribed weight loss.

Are services caring?

The provider has sustained their Good rating for providing caring services because:

Compassion, dignity and respect

- GPs undertook online consultations in a private room and were not to be disturbed at any time during their working time.
- Patients had the option of email, telephone or video follow up consultations.
- Patients were encouraged to contact CQC prior to the inspection. We received 21 'give feedback on care' forms through our website. All of the comments were positive, and patients held the service in high regard for being efficient, professional, discreet and respectful.
- At the end of every approved consultation, patients were sent an email directing them to an online review service and asking for their feedback. The service were able to demonstrate the high number of positive online feedback which were reviewed and analysed to identify any good practice or areas for improvement.

Involvement in decisions about care and treatment

- Patient information guides about how to use the service and technical issues were available.
- Patients had access to information about the clinician who reviewed their consultation record. Patients were able to access their consultation records through their personalised online account on the service's website. The service was registered with an online review service and encouraged patients to provide feedback.
- The service was rated as "Excellent" in 95 percent of 2,886 reviews with an average rating of 4.9 out of five stars. Recent reviews included compliments on the speed and simplicity of the service.
- Due to the configuration of the online review service, not all patients were able to be invited to provide feedback on their experience. The service responded by carrying out their own patient survey and invited all patients, including those who had a consultation rejected, to respond. Analysis of the survey results was used to drive improvements and the service operates frequent patient surveys and collects patient feedback through its consultation follow up programme.

Are services responsive to people's needs?

At our previous inspection, we rated the provider as Requires improvement for providing responsive services because:

- We found the process for managing and responding to complaints was not entirely effective.

At this inspection we found the provider had made the required improvements to address concerns raised. The provider is now rated Good for providing responsive services:

Responding to and meeting patients' needs

- Access via the website to request a consultation was available all day every day. Patients could access the service through a desktop computer, laptop or mobile phone device. This service was not an emergency service, and this was clearly set out in the patient information. Email, messages and phonelines were monitored between 9am and 5pm Monday to Friday. Outside of these hours, patients requiring urgent or emergency advice were directed to NHS services.
- The digital application allowed people to contact the service from abroad, but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to the patient's registered address.
- The service offered next day delivery on all prescriptions as part of the agreed pricing and advised that orders completed prior to 1pm would usually be dispensed on the same day. Patient feedback demonstrated this aspect of the service was valued.

Tackling inequity and promoting equality

- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.
- Consultations were only available in English; however, the website could be translated into other languages. Patients could access a brief description of the GPs available.

Managing complaints

At our last inspection we reviewed recorded telephone conversations and found one patient was extremely

dissatisfied with the service and requested to cancel their order. This patient was not offered the opportunity to make a complaint, nor was the patient advised of the complaints process. At this inspection we found that:

- Information about how to make a complaint on the service's website and had been reviewed and a dedicated complaints section had been added.
- Complaints information was included in packaging alongside the patient's medicine.
- All staff had attended complaints training.
- The service had reviewed their complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint.
- The service had signed up to an independent arbitration service for patients to use should they be dissatisfied with the service's response.
- The service had a low threshold for managing complaints through their complaints process, including online reviews of three stars or under.
- Annual patient survey results were published on the service website.

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.
- The patient was required to enter card details and a payment hold would be placed on the card at the time of requesting. If the consultation was approved, payment would be taken. If the consultation was declined, the payment hold would be removed, and payment would be released back to the patient within 3-5 working days.
- All GPs 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. This was reviewed in follow up consultations.

Are services well-led?

At our previous inspection, we rated the provider as Inadequate for providing well-led services because:

- We found the service had not made improvements to address all the concerns noted in our previous inspection report and we identified a number of new concerns.
- We found there was not effective governance structures and systems in place.
- There were minimal checks in place to monitor the performance of the service and we found the service's review process of consultations was ineffective.
- Care and treatment records were not complete or always accurate and did not contain information on the decision-making process of the clinicians.
- We found the service did not have medical indemnity cover.

At this inspection we found the provider had made the required improvements to address concerns raised. The provider is now rated Good for providing well-led services:

Business Strategy and Governance arrangements

- The service 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. There was a clear organisational structure and staff were aware of their own roles and responsibilities. There were a range of service specific policies which were available to all staff. These were reviewed and updated when necessary. Since our last inspection the service had introduced an information management system which allowed for all procedures, policies and information about the service to be managed and monitored in a single place.
- At our previous inspection we found there were minimal checks in place to monitor the performance and quality of the service provided and systems were not effective in highlighting the issues and concerns we identified during the course of our inspection. At this inspection we saw evidence of an established quality improvement system which was effective in monitoring and driving improvement in quality standards. Quality improvement was embedded in governance arrangements and the culture of the service. The service involved all staff in identifying improvements and implementing solutions.

- At our previous inspection, we found that patient records were not always complete. For example, they did not always contain information on the decision-making process of the clinicians, staff did not always announce their name and job title to the patient during phone calls and there was no audit trail of who had accessed consultation records, why and when. At this inspection we found the quality improvement activities in place addressed these concerns and provided an effective system of monitoring and improving the quality of records management and patient interactions.
- At our previous inspection we found the service did not have medical indemnity arrangements for non-clinical staff. At this inspection the service provided evidence appropriate indemnity arrangements for clinical staff continued and for non-clinical staff interim cover arrangements had been made until such time as full cover could be obtained.

Are services well-led?

Leadership, values and culture

- The service was managed by a team of four directors. The service employed a medical director, a GP, a pharmacist, an independent GP reviewer and a customer care representative. The service had regular management meetings and had introduced 'all hands' meetings involving all team members.
- The service culture had strengthened since our previous inspections with a strong focus on quality, customer service, learning and continual improvement.

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.
- The service had arrangements in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Are services well-led?

Seeking and acting on feedback from patients and staff

- The service had continued in their programme of annual patient surveys and had invited all patients, including those who had a consultation rejected, to respond. The service received 364 responses to the survey with the vast majority of patients providing positive feedback about the service. Following analysis of the survey results, the service implemented an action plan to drive improvements and published results of this and previous surveys on their website.
- The service had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation).
- Feedback from staff was encouraged and regularly sought through one to one meetings and appraisals, significant event and customer service review meetings and 'all hands' meetings.

Continuous Improvement

- At our previous inspection we found the service had introduced a program of quality improvement activity. However, we found improvements had not always been made where areas of poor performance had previously been identified and was not effective in identifying new areas of poor performance which impacted on outcomes for patients.
- At this inspection we found the service had further improved and embedded an effective quality improvement system which all team members were involved in. Continual improvement was now a strong focus of organisational culture.
- There were various audits and reports generated on a regular basis through the service information management system and staff were held to account for ensuring the quality improvement activities were completed, with quality and performance improvement for the patient highlighted as the outcome.