

Square Health Limited

Square Health

Inspection report

Square Health Ltd
Doctors Chamber
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Overall summary

We carried out an announced comprehensive inspection on 17 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents resulted in learning and reduced the risk of them reoccurring.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the service accessible and responsive to their needs. The service was adaptable and flexible in dealing with individual circumstances.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

Square Health

Detailed findings

Background to this inspection

Square Health is registered with the CQC as an independent health care provider. The service is a digital service which operates from the head office in Windsor, Berkshire:

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Patients are not seen at this location as all consultations are undertaken remotely. The service offers a GP remote consultation service to patients who have private health insurance with a specific company. The consultations are accessed and booked through a mobile application and are conducted via a video call.

The opening hours of the service are Monday to Friday 8am to 7pm and Saturday 9am to 1pm.

As well as GP consultations the service refers patients directly to other private services as required.

This inspection was undertaken on 17 October 2018. The team was led by a CQC lead inspector who was accompanied by a GP specialist advisor with experience of digital providers and had remote support from a member of the medicines team.

During the inspection we spoke with the registered manager, the clinical lead, two GPs and the head of operations.

We asked for feedback from patients about their experience of the digital service. We received one online response.

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 that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There was an adult and child safeguarding policy and all staff knew how to access this.
- The service enabled people with health insurance to name family members on their policy who could also access the remote GP service. All children under 16 could not book appointments themselves and the policy holder was required to be present at the beginning of the consultation, to confirm their identity.
- Patient identity checks were undertaken by the insurance provider. The information was then passed to Square Health who used it to verify identity at the beginning of each video consultation. Patients also had unique log in information to access the mobile application as an added identifier.
- The NHS GP details of the patient were not routinely shared with Square Health by the insurance company. The provider had not shared any information with NHS GPs since the service started. If the service felt it appropriate to contact a patient's NHS GP they would not have the information to do so. The provider informed us after the inspection that they were in the process of changing their system to allow them to hold the NHS GP details of the patients.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. All staff who required one had received a Disclosure and Barring Service (DBS) check. (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).

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. Staff would cover each other for holidays and sickness.
- All clinical staff had appropriate medical indemnity cover.
- The service was equipped to deal with medical emergencies in accordance with the mode of delivery of the service. The GP asked for the patient's location at the beginning of every consultation and knew how to access emergency treatment if required.
- Staff told us that if during consultation a patient became unwell or required emergency treatment then the service would reschedule their work for the next hour to enable them to deal with it thoroughly. They told us that the clinical lead would discuss the scenario with them as soon as possible after the event to ensure that the member of staff was ok and that they had dealt with the situation appropriately.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Staff had access to the patients' record during their consultations, which included their recorded medical history.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The system for sharing information with staff and other agencies involved the patient accessing their record through the mobile application and sharing this with other services.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The service did offer prescriptions when required. Since the service started 1% of all consultations resulted in a prescription being issued. All prescriptions were monitored by the clinical lead and were discussed with clinicians if they had any concerns.
- The service did not insist on having consent to share consultations and treatment information with patients' NHS GP. There had only been one medicine with a potential for abuse prescribed since the service started and this had been reviewed by the clinical lead and was considered clinically appropriate.
- There was a prescription policy in place and the provider undertook weekly and monthly audits to ensure compliance with this policy.

Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We saw examples of incidents raised by staff.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety. For example, the service altered the high risk policy to ensure a welfare check was undertaken with the clinicians following any high risk mental health cases.
- There was a system for recording and acting on safety alerts.
- Staff told us they were aware of safety alerts through their other employment as a GP.
- The provider was aware of the requirements of the Duty of Candour. There had been no relevant incidents to evidence compliance, however, staff were knowledgeable and aware of the process should an incident occur. The provider encouraged a culture of openness and honesty and staff confirmed that they felt able to raise concerns with the provider.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their symptoms became worse and where to seek further help and support.
- Patients could upload photographs to the mobile application to support diagnosis.
- Onward private referrals were supported through the system via a third party and clinicians were offered same day advice and support when required.
- A system to enable patients to convert scans and test results to PDF and send them directly to other services was due to go live the week following the inspection.
- The service aimed to provide a continuous care approach by providing GPs with an ability to undertake minor diagnostics, including relevant blood tests and radiological tests and then to make onward referral to a Consultant Specialist or other service provider as required.
- The service was described as a "Clinic in a Pocket" to reflect the ability to provide a complete consultation supported by relevant investigations and referral into secondary care rather than just providing episodic care and referring back to the NHS for tests.
- The service had systems to keep clinicians up to date with current evidence-based practice. The provider required all of their GPs to also work as a GP within the NHS to ensure they had current and relevant

experience. Other than the NHS work staff were required to work solely for the provider in order for them to fully understand the processes and systems in place at Square Health.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service reviewed and audited all prescribing within the service. The overall prescribing rate of the service was 1% of all consultations.
- Individual GPs were also monitored and it was discussed with them if their prescribing rates were above the service average.
- The service monitored issuing of prescriptions to ensure all were received by the patient.
- The service had not undertaken any clinical audits around any specific conditions as they felt it was too early to gather appropriate data. They told us they had a plan to appoint each GP as a lead clinician in a particular subject and that they would be responsible for training, offering advice and auditing these areas, in conjunction with the clinical lead.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge and training for their role.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. There was an in depth initial training package, which included face to face and online learning that had to be completed prior to undertaking consultations. This gave the service and the GP an opportunity to decide whether they were suitable for the position.
- There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care.
- Contact details for the service were clear and patients were advised they could contact the service with questions or concerns.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- At the end of every consultation patients were given a health check and advice on a healthy lifestyle. All consultations were 20 minutes long and staff were given a 20 minute break every hour to catch up if the consultations over ran.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making for adults.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.

The service offered patient feedback through a "real time" survey via the mobile application after every consultation. The results could be seen in real time and any patient comments or suggestions were considered. The figures were regularly collated and reviewed. In the last five months, since the service started, patient feedback was highly positive:

- 83% of patients felt that their health query was dealt with in full during the consultation.
- With a possible rating of between one and five patients rated the GP they had the consultation with at 4.6 on average.
- With a possible rating of between one and five patients rated the ease of use of the app as 4.2 on average.

- With a possible rating of between one and five patients rated their overall experience as 4.32 on average.

We received one online responses as part of this inspection which was fully positive about the service and the staff.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- The service is specifically set up to offer video consultations via a mobile application. Any other services to the patient were offered by alternative providers. If a patient required to be seen face to face, as they did not have access to a mobile telephone, or they could not undertake a video consultation or could not speak and understand English then they would not be given the service by the health insurance provider.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were offered the opportunity to have all their questions and concerns answered throughout the process.
- The satisfaction survey showed patients were satisfied with the care given by the service.

Online feedback we received demonstrated staff treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service collected feedback from patients after each consultation, which enabled them to adapt services quickly and appropriately.
- When patients provided feedback, the service involved staff in discussing any changes in practice or service provision and reviewed the positive and negative aspects before reaching a consensus decision.
- The service had high risk mental health and medical pathways in place to ensure staff deal with them appropriately.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients could access the service from 8am to 7pm Monday to Friday and 9am to 1pm on a Saturday.
- Patients logged into a mobile application and requested an appointment. They would then be given two appointment choices with both a male and female GP. If these were not suitable they could press to generate a further two choices.
- Patients were able to access the service on the same day as requesting an appointment.

Listening and learning from concerns and complaints

- The service took complaints and concerns seriously and told us they would respond to them appropriately to improve the quality of care. They had not had a complaint in the short time the service was running and were unable to evidence how they had responded to any.
- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately and would discuss learning and reflections at regular team meetings, in the same way that significant events and compliments were discussed. We saw complaints listed in the standard meeting agenda.

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 this service was providing safe care in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The service had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider informed us they put their patients before financial gain. They told us they ensured staff were fully trained and competent to do the role and invested in their knowledge and skills.
- The service had plans for the future and was reviewing options to expand the service to meet increasing demand. They had a number of enhancements planned in the near future to improve and expand the service.
- The practice monitored progress against delivery of the strategy and this was reviewed at monthly meetings.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The culture of the service encouraged candour, openness and honesty.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service involved all staff in discussing issues and concerns at regular team meetings.
- Staff we spoke with told us they felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management of risks.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the service promoted co-ordinated person-centred care.
- The service held regular clinical governance meetings where issues and concerns requiring action were discussed and recorded. The leadership team had devised a governance action plan which was updated regularly and monitored to ensure actions had been completed and processes embedded.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Regular audits, staff meetings and real time patient feedback enabled a proactive approach to safety and mitigated risks.

Are services well-led?

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

- The service had processes to manage current and future performance.
- The service considered and understood the impact on the quality of care of service changes or developments. Staff were involved in discussing the future of the service and could offer ideas for service development.
- The service undertook home safety risk assessment for all GPs as they worked from home. The service visited the premises to ensure it was safe for the role being undertaken and complied with confidentiality policies.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service had arrangements in place for retaining records.
- The service was registered appropriately with the Information Commissioners Office.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Patient feedback was offered in "real time" which enabled the service to monitor and review feedback at the time it was given. The service considered all feedback points and discussed with staff whether any changes should be made to process or policy.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement across all the service.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff were encouraged to take time out to review individual and team objectives, processes and performance. Staff actively contributed to the delivery of the service, through suggestions and ideas for improvement.