Care Quality Commission

HR Healthcare Ltd

Quality Report

Unit 18 Britannia Way
Waters Meeting
BL2 2HH
Tel: 01204 559999
Website: www.Treated.com

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

Summary of findings

Ratings

Overall rating for this service	Good	🟢
Are services safe?	**Good**	🟢
Are services effective?	**Good**	🟢
Are services caring?	**Good**	🟢
Are services responsive to people's needs?	**Good**	🟢
Are services well-led?	**Good**	🟢

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We rated this service as Good overall. (Previous inspection 9 October 2019 was not rated).

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 at HR Healthcare on 20 May 2019 as part of our inspection programme. At our previous inspection on 9 October 2018 we found the service breached Regulation 12: Safe Care and Treatment because routine monitoring was not happening for patients with long term conditions, and Regulation 17: Good Governance because the service did not have a system to identify when patients changed their answers on a medical questionnaire. We issued a requirement notice in relation to the breaches.

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

At this inspection we found:

- The service had 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.

- The service now had a system in place to ensure GPs were aware of any answers that had been changed when a patient was completing the online medical questionnaire.
- Arrangements were in place to safeguard people, including arrangements to check patient identity.
- 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 people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Patients were told about the risks associated with any medicines used outside of their licence.
- Suitable numbers of staff were employed and appropriately recruited.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review assessment forms for each medicine and compare this against the company's recommendations in the summary care characteristics.

- The service should contact the patient if a letter is returned from a GP practice because the patient is not registered at that GP practice.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

HR Healthcare Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC inspector, a GP specialist advisor, and a member of the CQC medicines team.

Background to HR Healthcare Ltd

HR Healthcare Limited is an organisation (registered with the Care Quality Commission in October 2018) that operates an online clinic for patients providing consultations and prescriptions and medicines. A registered manager is in place (a registered manager is a person who is registered with the CQC to manage the service. Like registered services, they are 'registered people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider is run).

We inspected HR Healthcare at Unit 18 Britannia Way, Waters Meeting, BL2 2HH.

HR Healthcare employs GPs on the GMC register, to work remotely in undertaking patient consultations when they apply for medicines online. The service is open between 9am and 5pm on weekdays and only available to UK residents. This is not an emergency service. Patients of the service pay for their medicines when their online application has been assessed and approved.

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

The provider is registered to provide the regulated activities: Treatment of disease, disorder or injury.

How we inspected this service

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

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

Are services safe?

Summary of findings

We rated safe as Good because:

- The service had 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.
- The service now had a system in place to ensure GPs were aware of any answers that had been changed when a patient was completing the online medical questionnaire.
- Arrangements were in place to safeguard people, including arrangements to check patient identity.

Our findings

We rated safe as Good because:

Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern Staff had access to the policies through the internal intranet and paper copies were also available. All the GPs had received adult and level three child safeguarding training. It was a requirement for the GPs registering with the service to provide evidence of up to date safeguarding training certification.

The service did not treat children. The service had ID checks in place to ensure patients were over 18.

Monitoring health & safety and responding to risks

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

The provider expected that all GPs would conduct consultations in private and maintain 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.

There were processes in place to manage test results and referrals. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.

The treatments provided by the service were rated for risk. For example, some services offered such as home testing kits did not require full identity verification.

A range of clinical and non-clinical meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and service issues. Clinical meetings also included case reviews and clinical updates.

Are services safe?

We saw evidence of meeting minutes to show where some of these topics had been discussed, for example improvements to the consent policy, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demands for the service and there was a rota for the GPs. There was a support team available to the GPs during consultations and a separate IT team.

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

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

Newly recruited GPs were supported during their induction period and an induction plan was in place to ensure all processes had been covered. We were told that GPs did not start consulting with patients until they had successfully completed several test scenario consultations.

We reviewed three recruitment files which showed the necessary documentation was available. The GPs could not be registered to start any consultations until these checks and induction training had been completed. The provider kept records for all staff including the GPs and there was a system in place that flagged up when any documentation was due for renewal such as their professional registration.

Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the GPs could issue a private prescription to patients. The GPs could only prescribe from a set list of medicines which the provider had risk-assessed.

There were no controlled drugs on this list. The service's website advertised over 218 medicines were available and there were systems in place to prevent the misuse of these medicines.

If a medicine was deemed necessary following a consultation, Doctors issued an electronic prescription and the medicine was dispatched from the connected pharmacy. Doctors were able to prescribe from a set formulary which did not include controlled drugs, high risk medicines, or medicines liable to abuse or misuse.

The service encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance and was specifically to treat sexually transmitted infections following a confirmed diagnosis.

Once the doctor prescribed the medicine and dosage of choice, written relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine, any likely side effects, and what they should do if they became unwell.

The service prescribed some medicines for unlicensed indications. Medicines are given licences after trials have shown they are safe and effective for treating a particular condition. Use of a medicine for a different medical condition that is not listed on their licence is called unlicensed use and is higher risk because less information is available about the benefits and potential risks. Doctors gave patients clear information during their consultation to explain when medicines were being used outside of their licence, and written information was supplied to patients about prescribing medicines for unlicensed use.

The provider did not offer repeat prescriptions; patients had to have a consultation with a doctor every time a medicine was prescribed. The service was not aimed at patients with long term conditions that may need to be monitored. The provider prescribed thyroid medicines for patients who stated they had been diagnosed with an underactive thyroid, however there had been incidents where letters sent to patient's GP had been returned saying the patient was not a patient at the surgery. The provider informed us that they would review their system to reduce the risk of medicines being obtained without having an under active thyroid. After the inspection we were informed that the service would request a test result from a patient's GP or a repeat prescription, and consent for the service to

Are services safe?

access their summary care record (SCR). The SCR was accessed through the connected pharmacy that was operated by HR Healthcare. We reviewed medical records and found GPs declined to prescribe medicines where this was inappropriate, for example patients with complex mental health issues and patients who had not verified their identification.

Information to deliver safe care and treatment

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

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members and a significant event policy was in place. The provider had raised 20 significant events in the past 12 months. We reviewed four incidents and found that these had been fully investigated, discussed and

as a result action taken in the form of a change in processes. For example, after blacklisting a patient it was decided that a message would be sent to the patient to inform them of the reason why they had been blacklisted from the service.

Learning from significant events was discussed at clinical and team meetings.

The provider had a system in place to receive and act on medicines and safety alerts, such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

We saw evidence from three incidents which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

The service had a system in place to assure themselves of the quality of the dispensing process. There were systems in place to ensure that the correct person received the correct medicine. We were shown records of the action taken in response to recent patient alerts.

Are services effective?

(for example, treatment is effective)

Summary of findings

We rated effective as Good because:

- 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.
- The service identified patients who may be in need of extra support and had a range of information available on the website.

Our findings

We rated effective as Good because:

Assessment and treatment

We were told that each GP 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) evidence-based practice.

We reviewed medical records and the assessment form questions completed by patients before a prescription was generated. The provider's assessment form did not always ask the appropriate questions to confirm whether the patient had a condition, which would stop them from taking the medicine requested.

If the GP had not reached a satisfactory conclusion based on the answers provided by the patient there was a system in place where they could contact the patient again.

Patients completed an online form which included their past medical history. There was a set template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed a random sample of anonymised medical records which were complete records. We saw that adequate notes were recorded, and the GPs had access to all previous notes.

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. 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, for example if a patient needed an injectable treatment. the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

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

Are services effective?

(for example, treatment is effective)

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing trends. We saw evidence of improvements made to the questionnaires. For example, a warning pop up was added to the treatment for low testosterone to advise a patient the GP would contact them after ordering the treatment for the first time.
- Any changes made to the clinical questionnaires were logged and a rationale of the change was recorded.

Staff training

All staff completed induction training which consisted of safeguarding and information governance. The service manager had a training matrix which identified when training was due.

The GPs registered with the service had to receive specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a GPs handbook, how the IT system worked and aims of the consultation process. The GPs told us they received support if there were any technical issues or clinical queries and could access policies. When updates were made to the IT systems, the GPs received further online training.

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

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

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 provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Test results were sent direct from the laboratory to the service. The service would then contact the patient to inform them of the result.

Supporting patients to live healthier lives

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

Are services caring?

Summary of findings

We rated caring as Good because:

- Staff involved and treated people with compassion, kindness, dignity and respect.

Our findings

We rated caring as Good because:

Compassion, dignity and respect

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

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

We did not speak to patients directly on the days of the inspection. However, we reviewed the latest survey information. At the end of every consultation, patients were sent an email asking for their feedback. 60 patients responded and 96% indicated they would rate the service as good or excellent. 95% of respondents said they were quite happy or very happy with the overall service that was provided.

Staff had completed online training modules on customer service and equality and diversity.

Involvement in decisions about care and treatment

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

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

The service also used Trustpilot for patients to leave feedback. The service was rated 9.5 out of 10 by 1272 patients.

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

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We rated responsive as Good because:

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

Our findings

We rated responsive as Good because:

Responding to and meeting patients' needs

Patients could access the service through the website 24 hours a day and the GPs would deal with the requests as they came in. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

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

The provider made it clear to patients what the limitations of the service were.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.

Patients could access a brief description of the GPs available. Patients could choose either a male or female GP.

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

Managing complaints

Information about how to make a complaint was available on the service's website. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed four complaints and found that these were handled in a satisfactory way and patients were offered apologies.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been

made following complaints, and had been communicated to staff. For example, changes were made to the website to make the information about particular medicines clearer after a patient ordered the wrong medication.

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. Information about the cost of the treatment was known in advance and paid for after completing the online medical questionnaire.

All GPs and staff had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through audits of patient records.

Are services well-led?

Good 🟢

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

Summary of findings

We rated well-led as Good because:

- Suitable numbers of staff were employed and appropriately recruited.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Our findings

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high-quality responsive service that put caring and patient safety at its heart. We reviewed business plans that covered the next two years. The business plan had clear objectives on future developments for the service and the service was committed to keeping patients informed on their website with any changes.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.

There were a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

Leadership, values and culture

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

The values of the service were to ensure safe and effective clinical decision making and to make online healthcare accessible and affordable.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Safety and Security of Patient Information

Are services well-led?

Good 🟢

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

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

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if it fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. In addition, patients were emailed at the end of each consultation with a link to a survey they could complete or could also post any comments or suggestions online. Patient feedback was published on the service's website. 53 patients responded to the most recent patient survey. 88% of patients said they agreed or strongly agreed when asked the question 'would they be happy with the standard or care provided by our organisation if given to a friend or relative'. 93% of patients said that they were likely or very likely to use the service again in the future.

There was evidence that the GPs could provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

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

Continuous Improvement

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

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

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

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

The service made an improvement to their system to ensure any answers that were changed by the patient when completing the online form were visible to the clinician reviewing the form. This change was implemented after the inspection. A warning pop up to the patient if they changed their answer to warn about giving inaccurate information was already in place.