

Push Dr Limited

Push Dr Main Office

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

Push Doctor is an online service that patients can use to access a GP appointment by using video calling seven days a week.

We carried out an announced comprehensive inspection at Push Doctor Limited on 1 March 2017. We found that the service was not providing safe, effective, or well-led services but was providing caring and responsive services.

Our key findings across all the areas we inspected were as follows:

- There were effective systems in place for recording, reporting and learning from significant events.
- The service did not have a process in place to ensure patient and medicine safety alerts were disseminated to staff.
- Systems were in place to protect personal information about patients. Both the company and individual GPs were registered with the Information Commissioner's Office.
- Staff induction and training was comprehensive and effective. However staff had not had training on equality and diversity.
- The provider measured customer satisfaction by patient feedback and satisfaction surveys these demonstrated high levels of satisfaction.

- Information about how to complain was available on the provider's website. Improvements were made to the quality of care as a result of analysis of patient comments and incidents.
- Staff were encouraged to become involved in making suggestions, but there were limited formal meetings. Staff were updated on information verbally and via email.
- There was a clear leadership structure. The service proactively sought feedback from staff and patients. Patient's survey information showed that they were treated with compassion, dignity and respect and they were highly satisfied with the ease of access to the service.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvements are:

- The service must have protocols in place that are followed to ensure the health and safety of service users.
- The service must assess the risks to the health and safety of service users and do all that is practicable to mitigate any such risk.
- The service must maintain an accurate and complete record of each service user.
- Ensure that all prescribing decisions are based on best clinical practice and GMC guidelines
- Ensure the service has an effective system in place for quality improvement.

Summary of findings

The areas where the provider should make improvement are:

- Introduce structured documented meetings programme
- Introduce a training needs assessment and recording system
- To provide equality and diversity training for staff

We took urgent action to prevent the provider treating children without all the appropriate checks being made

in relation to their identity by imposing a condition on their registration. The provider quickly responded and introduced new systems and protocols to mitigate risks to patients and we removed this condition. We have told the provider that additional improvements must be made. We will be checking that these improvements have been implemented.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff were clear about reporting minor incidents and concerns and systems were in place to capture more significant events. We noted that the provider maintained a comprehensive record of all significant events and incidents and reviewed them periodically.
- Staff had received safeguarding training appropriate to their role; there was a safeguarding lead that was responsible for dealing with any alerts and meeting with local authority safeguarding teams as required.
- No consideration had been applied to the risk of consulting and prescribing medicines for children but changes had been implemented after the inspection.
- There was no system in place for clinical staff to receive patient safety and medicine alerts from the service.
- The service was registered with the Information Commissioner's Office and had achieved the international standards organisation (ISO) 27001 in information security management.
- On registering with the service, patient identity was verified by cross referencing credit card details against the patients address.
- The service had comprehensive business contingency plans.

Are services effective?

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

- We found that some care was not being delivered in line with current evidence based guidance and standards.
- Non clinical staff did not receive annual performance reviews.
- We found that GPs had prescribed high risk medicines without checking whether the patient had received the correct monitoring and blood tests.
- We saw no evidence of formal training about the Mental Capacity Act 2005. Clinical staff understood the need to seek patients' consent to care and treatment in line with legislation and guidance. The provider's consent policy did not meet the requirements of the Mental Capacity Act.
- There was clear information on the service's website with regards to how the service worked and what costs applied.
- There was an induction program in place for new starters.

Are services caring?

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

- We were told that GPs undertook consultations in a private room for example in their own home.
- The provider used Trust pilot (an external customer satisfaction service) to monitor and react to patient feedback, we saw that they scored highly (71% of reviews were rated five stars out of five based on 524 reviews).

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated. Patients could access help from the service, either on-line, by phone or email.

Summary of findings

- Patients signed up to receiving this service either by their computer, smart phone or tablet. Patients could access a GP on line seven days a week from 7am to 10pm.
- Information about some of the GPs who conducted consultations was available on the provider's website, including details of all their professional qualifications and areas of clinical expertise.

Are services well-led?

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

- The provider's Chief Medical Officer told us Push Doctor had a clear vision to provide a high quality, convenient service.
- There was little evidence of quality improvement activity; we were only shown one single cycle audit which had recently been started relating to the prescribing of antibiotic medicines.
- There was a clear staffing 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, some of these required review and additional information. For example, there was not a separate policy for safeguarding adults and safeguarding children. Also both safeguarding policies lacked information on important conditions such as female genital mutilation, and modern day slavery.
- Minutes of significant event meetings were unstructured and in some cases not dated.
- There was no evidence that the governance board was effective.
- The values of the service were displayed clearly in the provider's operating centre and staff were aware of these values and how they contributed to the overall performance of the organisation.

Push Dr Main Office

Detailed findings

Background to this inspection

Push Doctor is an online service that patients can use to access a GP on line by using video calling seven days a week from 7am to 10pm. Each appointment lasts 10 minutes and according to the website costs £20. If a patient requires a prescription then this costs £7. There is also an option for subscription membership which costs £20 per month and includes appointments and prescriptions. Patients are able to use the service relating to any health issue they may have and if issued a prescription, this is issued to a pharmacy of the patient's choice. Push Doctor carries out around 10,000 consultations a month.

Push Doctor employs a team of 72 GPs and has a large team of non-clinical staff made up of clerical staff and customer service staff.

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

How we carried out this inspection

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our inspection team was led by a CQC Lead Inspector. The team included one GP specialist adviser, a second CQC clinical advisor, a second CQC inspector, and a CQC pharmacist specialist.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Are services safe?

Our findings

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

Safety and Security of Patient Information

The provider made it clear to patients on their website what the limitations of the service were. There were processes in place to manage any emerging medical issues during the application and consultation process. There was a system for managing referrals and blood test results but staff when questioned, were not familiar with the process for managing blood test results. When we asked staff about the test result process we were given different descriptions of how it worked. The service was not intended for use as an emergency service. The provider had arrangements in place in the event of an emergency situation. An emergency button was displayed on screen that the GP could press to alert a member of the clerical team who could then contact the emergency services.

There were policies and IT systems in place to protect the storage and use of all patient information and data was encrypted at transit and at rest. 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 and had achieved the data security standard international standards organisation (ISO) 27001.

There were business contingency plans in place to minimise the risk of losing patient data. The provider had arrangements in place to manage data should they cease trading. We also noted that there was a protocol in place for data security on GP's own devices when they were accessing the browser based service remotely.

On registering with the service patient identity was only checked by using a credit card. The GPs had access to the patient's previous records held by the service.

Prescribing safety

The provider offered a wide range of treatments which could be prescribed to patients following an online video consultation with a GP. Once the GP selected the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine. A private prescription was then issued to a pharmacy of the patient's choice.

Push Doctor also offered repeat prescriptions for patients who had run out of medicines which had been previously prescribed by their usual GP. On each occasion the patient had to have a video consultation with the doctor before a prescription was issued.

Doctors were not restricted to an agreed list of medicines which they could prescribe from; however the provider had included a 'do not prescribe' list in their consultation policy. During our inspection we identified some GPs had prescribed medicines such as controlled drugs, sedatives, and strong pain killers, which was not in line with the consultation policy.

Doctors also prescribed 'off label' medicines. 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 listed on their licence is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. GPs did not routinely record their rationale for prescribing unlicensed or 'off-label' medicines in the consultation notes and no additional information was supplied to patients other than the standard manufacturer's patient information leaflet, which does not contain information about off label use. Without this the patient did not have enough information to make an informed decision and give consent to taking a medication off label.

Management and learning from safety incidents and alerts

Although there had been no incidents which required the provider to exercise their duty of candour, the provider was aware of the requirements by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

We asked how patient safety alerts were dealt with such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA). There was no system in place to disseminate these alerts to the GPs working for Push Doctor, or to ensure appropriate action had been taken in response to alerts. Since the inspection the provider told us that they had implemented a policy for alerts and had retrospectively reviewed previous alerts to ensure all had been acted on.

Safeguarding

Are services safe?

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and whom to report them to. All GPs had received adult safeguarding training to an appropriate level. All staff had access to a safeguarding policy which listed an email address staff could use to report a safeguarding concern to but the policy did not state who the safeguarding lead was and one GP we spoke with was unsure who the safeguarding lead was. The service did not have a separate adult and child safeguarding policy and the safeguarding policy that was in place was not reflective of national/local guidance. After the inspection the provider updated their safeguarding policy to address the issues identified and we seen evidence to confirm this. We noted that the service provided staff with details of how to escalate concerns relating to safeguarding to a local authority safeguarding team and staff had access to the details of all local authority teams across the UK. Staff we spoke to were clear on their responsibilities around safeguarding and demonstrated a sound knowledge around identifying such issues.

The service told us that they treated children. We were told that there was no formal identification process for the child and the system in place to ascertain what the relationship was between the child and the consulting adults was poor. GPs told us that they would ask the accompanying adult what their relationship was to the child. GPs we spoke with had varying opinions on what age was suitable for a child to be seen for consultation without an adult present. The provider accepted that the GPs could not be certain of the identity of the child or their relationship to the adult they were accompanied by and if they had parental responsibility. After the inspection, the provider updated their child safeguarding policy which ensured that the identity of a child was ascertained.

Staffing and Recruitment

There were enough staff, including GPs, to meet the demand of the service and there was a GP rota.

We reviewed four staff recruitment files; two relating to GPs and two relating to non-clinical staff. The files relating to the GPs contained a recruitment checklist on the front of the file. The file contained all the checks and documents legally required for example, proof of identity and disclosure and barring service (DBS) checks. GPs contracted to the service had provided documents

including their medical indemnity insurance, proof of registration with the GMC, that they were on the national performers list, proof of their qualifications and certificates for training in safeguarding.

The two files for non-clinical staff had no checks and documentation legally required other than DBS checks, both of which had been completed over a month after the person had commenced work. We spoke to the provider's Chief Operating Officer about the lack of a recruitment policy and process and they told us one would be introduced as soon as practicable. They told us that because staff had been employed via a recruitment agency they understood that the required checks had been completed. Soon after the inspection was completed the provider sent us a recruitment policy which they had developed since the inspection.

Management, monitoring and improving outcomes for people

We asked to see examples of quality improvement activity, for example clinical audits. One audit had been undertaken in January 2017 on antibiotic prescribing, however there were no clear outcomes or agreed actions to drive forward improvements in the quality and safety of prescribing.

There was an ineffective system in place to monitor the quality of prescribing. One in 20 consultations were sampled and assessed for their quality. The Chief Medical Officer told us any sub-standard consultations were discussed with the GP involved and that 90% of consultations met the standard. However, we found 137 prescriptions had been dispensed for items on the provider's 'do not prescribe' list in the last 12 months. Not all of these had been detected in the samples reviewed and therefore some had not been adequately investigated and actions taken to prevent reoccurrence.

The provider's headquarters was located within modern offices, housing the management, customer service and clerical staff. Patients were not treated on the premises and GPs carried out the online consultations remotely often from their home.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their computer to log into the operating system, which was a secure program.

Are services safe?

Prescriptions were signed electronically which were then faxed to a dispensing pharmacy of the patient's choice. In addition, a paper copy was signed by the doctor in wet ink and posted to the pharmacy. The provider had not risk assessed this process to ensure prescriptions contained an appropriate advanced electronic signature in accordance with The Human Medicines Regulations 2012, or to minimise the risk arising from having two copies of each prescription in existence.

We were told that clinical meetings did not happen within the service. We also asked GPs if there was a facility for clinical peer support. We were told that the only peer support available was from their other employment roles.

Are services effective?

(for example, treatment is effective)

Our findings

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

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. The costs of any consultation or medical certificate were known in advance.

We saw no evidence of formal training about the Mental Capacity Act 2005. Clinical staff understood the need to seek patients' consent to care and treatment in line with legislation and guidance. The provider had a consent policy; however this required some updating as it did not contain information on the requirements of the Mental Capacity Act.

We noted that the provider's consent policy required written notes about consent that had been given if it was required, however the policy did not give guidance about when consent would be required. For example, when prescribing off label medication.

Assessment and treatment

Patients completed an online form which included their past medical history. There was a 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 diagnoses. We reviewed 36 medical records which demonstrated that although some notes had been completed, we saw that in some fields were missing, for example the "diagnosis" field. We also noted that there was no recording of any observations made by the clinician such as if the patient appears to have difficulty with breathing. We asked the provider's Chief Medical Officer about this and they told us that there had been a problem with the IT systems and that some data fields had not been transferred. We saw no evidence that the fault had been resolved. In addition, proper clinical assessments and red flag symptoms were not always recorded. For example, a

patient presented with insomnia following bereavement and was prescribed two weeks' worth of sleeping tablets. There was no record of a discussion or assessment of their mental health in the consultation notes.

We found that some care was not being delivered in line with current evidence based guidance and standards. For example, We saw a 29 year old prescribed modafinil (a drug used for people with narcolepsy) to keep the individual awake to complete an assignment at work. Modafinil is not licensed for this use and an ECG is required before initiation which was not done. It is associated with a risk of dependence on the drug

GPs also prescribed some high risk medicines, for example blood thinners and medicines for mental illness, without checking whether the patient had received the correct monitoring and blood tests.

The provider held regular monthly significant event meetings. We looked at the minutes of some of these meetings and saw that reviews of risk to patients relating to certain medicines was reviewed. We saw that the provider had identified occasions when GPs had prescribed medicines outside their own policy. In cases where a problem was identified it was investigated and feedback given to the GP. We found occasions where medicines errors had not been identified.

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 to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. In some cases, the GP sent the patient a blood testing kit; their blood was sent for analysis by a third party provider to assist in treatment and prescribing decisions. Results of these tests were sent to both the patient and their NHS GP where the patient had consented to this information being shared. There was a system in place for overseeing test results and follow ups. If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The provider asked each patient for their consent to share information with their usual GP about the treatment they had been prescribed. Where patients gave consent, information was sent to the person's GP in accordance with General Medical Council guidance on information sharing.

Supporting patients to live healthier lives

GPs we spoke with told us they would provide lifestyle advice to patients during consultations, for example smoking cessation and weight loss. There was information on the provider's website relating to healthy living information.

Staff training

All staff had to complete induction training which consisted of an introduction to systems, training on data security and

information governance, safeguarding and health and safety training. We noted that training on equality and diversity was not provided. We were told that this would be introduced. We noted the provider did not have a training needs assessment or any formal method of ensuring that staff were trained in subjects they required or that refresher training took place in a timely manner.

Non-clinical staff did receive annual performance reviews. All GPs had to have received their own appraisals before being considered eligible at recruitment stage. Copies of these were retained in the provider's recruitment files.

Staff we spoke with told us they felt well supported, well trained and enjoyed working for the company.

Are services caring?

Our findings

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

Compassion, dignity and respect

We did not observe members of staff speaking to patients on the phone, but we were told by the customer services team that they treated patients with respect and that they would deal with any issues in the best manner possible. GPs conducted consultations in private.

We noted that the customer satisfaction rating on Trust pilot for the service was high, patients were able to rate their experience from one to five stars. (71% of reviews being 5 stars and an overall score of 4 stars out of 5).

The provider carried out their own survey from a random sample of 1000 patients who had had a consultation in the last six months and received 260 responses. The results demonstrated 88% of patients were satisfied with appointment times and 97% of patients would be happy to use the service again.

Involvement in decisions about care and treatment

The provider's website only had information and application forms in English. GPs told us that it would be possible for an interpreter to be involved if required but that it would be difficult to coordinate due to the nature of the service. Information on the provider's website informed patients about the service that was on offer explained how the service worked.

Staff had received training in confidentiality and information governance.

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

All patients using the service referred themselves for consultations. Whilst the provider's website was available 24 hours a day and seven days a week, appointments were from 7am to 10pm 365 days a year.

It was clear from the provider's website what services were on offer and there was information explaining the processes for accessing the service. Services included consultations for prescriptions, fit notes or ongoing referrals. Videos were also used to provide examples of satisfied patients who had recorded their own footage and sent it to the Push Doctor for inclusion on the website.

Patients accessed the service via the website from their computer or other portable device with internet access. This was not an emergency service. The provider aimed to offer an appointment within six minutes and reviewed its ability to provide speedy access to GPs. There were 50-100 GPs contracted to Push Doctor providing consultations on a rota basis. Push Doctor aimed to provide a choice of male or female GP depending on patient choice.

Tackling inequity and promoting equality

The provider did not discriminate against any client group.

Managing complaints

There was information on the provider's website under 'terms and conditions' about how to make a complaint. The provider had a complaints policy in place.

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 not providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider's Chief Medical Officer told us Push Doctor had a clear vision to provide a high quality convenient service.

There was little evidence of quality improvement activity; we were only shown one audit which had recently been started relating to the prescribing of antibiotic medicines. This was part way through and aimed to check that that prescribing by Push Doctor GPs was in line with national best practice. The provider's Chief Medical Officer told us that they planned to conduct more audits and that they had not been as focused as they should have been on quality checks due to the very fast growth of the business. We were told that a new GP was being recruited whose sole role was to monitor quality.

The provider's Chief Medical Officer had been undertaking quality checks of consultation notes between patients and GPs. They reviewed one in 20 consultations and had in some cases identified issues in prescribing. For example, GPs prescribing medicines that were not permitted by the provider's policy. Some of these instances were raised as a significant event, recorded, investigated and any learning noted but learning was not disseminated well enough to ensure it did not happen again. In one case a GP had found to have been breaching company policy and appropriate action was taken by the provider.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was an organisational chart which clearly showed the company structure and line management responsibilities. There was a range of service specific policies which were available to all staff.

There was a recently formed governance board in place which met on a quarterly basis. The board comprised external senior management. We asked to see the results and recommendations that resulted from these meetings. The provider's Chief Medical Officer told us that governance board meetings were not documented and that any

feedback was given verbally to the provider's Chief Executive Officer, who was not a clinician. We were provided with no evidence of what the governance board contributed to quality improvement.

We were told that non-clinical staff were appraised by their line manager and that informal unstructured meetings took place if there was a need to discuss anything. There was no training needs analysis in place. We were told that newly recruited non-clinical staff went through an informal induction process so that they were familiar with the provider's policies and working practices.

GPs that were recruited provided their NHS appraisals as part of their recruitment. Shortly after the inspection we were supplied with an appraisal plan for staff and the provider's Chief Medical Officer told us that formal documented appraisals for all staff would be introduced. GPs that were recruited had an induction period where they were acquainted with the provider's operations and formally assessed on their performance during a mock consultation.

We were provided with the minutes of significant event meetings, however these were unstructured and in some cases not dated. We asked about other meetings held and were told that information was shared with staff via email and no formal meetings where all staff attended were held. Shortly after the inspection, we were sent a document outlining how the provider intended to hold more structured meetings in future. The provider had plans to hold on line meetings with all their GPs to share clinical knowledge, peer review and updates on best practice.

Leadership, values and culture

The provider's Chief Medical Officer had responsibility for any medical issues arising. The provider was in the process of recruiting new clinical staff to add resilience and create more capacity. It was clear that the management team were open and transparent in their management style and staff told us they felt included.

The values of the service were displayed clearly in the provider's operating centre and staff were aware of these values and how they contributed to the overall performance of the organisation.

Are services well-led?

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

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 a policy on duty of candour.

Seeking and acting on feedback from patients and staff

Patients could rate the service they received. This was constantly monitored and if 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. Between July 2015 and February 2017 the provider had analysed their patient's satisfaction. Over that period there had been 4234 responses and ratings were high averaging between 8.7 and 9.9 out of ten. Questions asked of patients included: How good was the doctor at listening to and understanding your issues? How would you rate the doctor's communication skills, could you understand them and the advice that they were offering you? How sensitively and respectfully you felt the doctor dealt with the issues that you raised?

In a separate patient satisfaction survey conducted in January 2017, 260 patients responded, the results showed 97% of patients would be very or fairly comfortable recommending Push Doctor to a friend and 98% of patients rated their overall experience of Push Doctor as excellent (88%) or good (10%). The provider conducted staff surveys with their 35 employees. The latest survey from January 2017 showed high levels of staff satisfaction, with 93% of

staff stating they would recommend their employer to a friend. Surveys of staff's perceptions of their leaders showed ratings between 82.5% and 93.2% for qualities such as providing clear strategy, openness, capability to lead and supporting staff. We noted that staff had contributed to the improvement of the service, for example a member of the customer service team had suggested collating all the contact details of local authority safeguarding teams throughout the UK. This was in order to make all numbers accessible in one place should there be a need to raise a safeguarding alert with one of those teams. This suggestion was implemented and after the CQC inspection included within the providers safeguarding policy.

Continuous Improvement

The provider sought ways to improve and recognised the challenges of operating in a new clinical environment. The provider's business was growing at a very fast rate and they were meeting associated challenges by recruiting staff with the skills to attempt to meet these challenges. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. The provider was planning to move to a larger operating centre as the current one was proving too small to cater for the increasing workforce.

The management team had an ethos of continuous improvement and told us that they wished to be at the leading edge of digital service provision. We noted that the provider had recently conducted a survey on people who were not currently their customers; the aim was to test the accessibility, understanding of content, ease of use, suitability and acceptability of on line GP consultations.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not have protocols in place that were followed to ensure the health and safety of service users.

The service did not ensure that all prescribing decisions were based on best clinical practice and GMC guidelines

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service had not always assessed the risks to the health and safety of service users and done all that was practicable to

mitigate any such risk.

The service did not maintain accurate and complete records of each service user.

The service did not have an effective system in place for quality improvement.