The Boots Company PLC

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Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Boots Company PLC on 23 June 2017. The Boots Company PLC provides an online primary care consultation service and medicines ordering service. Patients register for the service on the provider's website.

We found this service provided safe, effective, caring, and responsive and well led services in accordance with the relevant regulations.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- Patient identity checks were limited; other than via a credit/debit card check. The provider could not be sure they were consulting with the person who owned the card.
- There were systems in place to mitigate safety risks including analysing and learning from significant events and safeguarding.
- There were appropriate recruitment checks in place for all staff.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure pharmacist independent prescribers were prescribing appropriately.
- There were systems to ensure staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong. The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- The service had a programme of ongoing quality improvement activity.
- An induction programme was in place for all staff who also had access to all the provider policies.
- The service shared information about treatment with the patient's own GP in line with General Medical Council guidance.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information about services and how to complain was available.

Summary of findings

- Improvements were made to the quality of care as a result of feedback and complaints. There was a clear business strategy and plans in place.
- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and that they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.

The areas where the provider should make improvements are:

- Review systems for identity checking to ensure patients are safeguarded from abuse and harm and to minimise the risk of potential fraud.
- Improve identification of significant events to ensure appropriate action is undertaken and learning is shared with all staff.

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 providing safe care in accordance with the relevant regulations.

- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- Patient identity checks were limited to a credit/debit card check when prescriptions were issued. The provider was currently reviewing the suitability of this.
- There were enough pharmacist independent prescribers to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient. The service had a business contingency plan.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- There were systems in place to meet health and safety legislation and to respond to patient risk.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

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

- Each pharmacist independent prescriber assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence evidence based practice. We reviewed a sample of anonymised consultation records that demonstrated appropriate record keeping and patient treatment.
- The service had a programme of ongoing quality improvement activity. For example, regular audits were undertaken and quality improvements were made following patient and staff feedback.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- The service's web site contained information to help support patients lead healthier lives, and information on healthy living was provided in consultations as appropriate.

Are services caring?

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

- We were told that pharmacist independent prescribers undertook online consultations in a private room at the service headquarters. The provider carried out random spot checks to ensure they were complying with the expected service standards and communicating appropriately with patients.

Summary of findings

- We did not speak to patients directly on the day of the inspection. However, the patient survey indicated patients were satisfied with the levels of care received.

Are services responsive to people's needs?

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

- There was information available to patients to demonstrate how the service operated.
- The service can be accessed through the provider's website, www.boots.com where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. This service was not an emergency service.
- Patients selected the treatment they required, filled in a consultation form and paid for the cost of the medicines and the consultation. The consultation form was then reviewed by a pharmacist independent prescriber, and once approved, a prescription was issued.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients and information was made available to patients about how to make a complaint.
- Consent to care and treatment was sought in line with the provider policy. All of the prescribers had received training about the Mental Capacity Act.

Are services well-led?

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

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged feedback from patients and pharmacists delivering the services in pharmacies. For example, five pharmacists were invited to review proposed changes to the process for the collection of online clinic orders in pharmacies to improve the customer experience.
- Systems were in place to ensure that all patient information was stored securely and kept confidential.
- The provider held regular clinical and staff meetings with minutes available of those meetings to demonstrate the discussions held.
- The provider had plans to introduce a new system to improve the patient verification process.

The Boots Company PLC

Detailed findings

Background to this inspection

Background

The Boots Company PLC is currently registered with the Care Quality Commission (CQC) as an Independent Medical Agency (IMA). An IMA operates the online consultation services and development of patient group directions (PGDs, these are written directions that allow the supply of a medicine for a group of patients who cannot be individually identified before presentation for treatment) used by pharmacists in Boots stores to provide treatment for patients.

We inspected the online service at the following address:

- 1 Thane Road, Beeston, Nottingham, Nottinghamshire NG2 3AA.

The online clinic service was established in 2010, and provides an online service that allows patients to request prescriptions through a website, which were directed to the pharmacy business Boots UK Limited. Patients are able to register with the website, select a condition they would like treatment for and complete a consultation form which is then reviewed by a pharmacist independent prescriber and a prescription is issued if appropriate. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. This is checked by a pharmacist at the affiliated pharmacy (which we do not regulate) before being supplied to the patient.

The service can be accessed through their website, www.boots.com where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. Patients can access a phone line to speak to a pharmacist independent prescriber which is available Monday to Friday 9am to 5.30pm. This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application.

The provider employs staff who work on site including four independent pharmacist prescribers and a medical director who is a GP. At the time of the inspection, the service had approximately 20,000 patients registered; some of whom had accessed the service on a single occasion and some who were repeat customers.

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

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist advisor and a member of the CQC medicines team.

During our visit we:

- Spoke with a range of staff
- Reviewed organisational documents.
- Reviewed patient records.

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

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

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

Detailed findings

Why we inspected this service

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.

Are services safe?

Our findings

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

Keeping people safe and safeguarded from abuse

The service offered treatment to adults and children. Staff employed at the headquarters had received training in safeguarding and training in whistleblowing and knew the signs of abuse and to whom to report them. The medical director (GP) had training in safeguarding children, level three, and safeguarding adults. The safeguarding lead was the chief pharmacist who had also completed these. The independent prescribing pharmacists had completed safeguarding adults and safeguarding children level two training. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. The contact details for reporting concerns and accessing safeguarding advice was for the local authority where the head office resides. The provider has assessed that this would enable them to build relationships with one agency for advice and could then share information with other local authorities in accordance with where the patient lived.

Monitoring health & safety and responding to risks

The pharmacist independent prescribers carried out checks on approved consultations and prescriptions to ensure they were appropriate. Any issues were recorded and discussed with the clinical lead. We saw evidence that improvements in relation to consultation and prescribing were identified and actions taken as a result. For example, further questions were added to one of the online questionnaires following information received, to encompass a wider definition of risk factors which may affect the suitability of the medicine for a particular patient. The provider headquarters is located within modern purpose built offices, housing the Information Technology system, management and administration staff. Patients were not treated on the premises. All prescribers were office based and accessed the patient information from a secure building and network. The provider expected that all pharmacist independent prescribers would conduct consultations in private and maintain the patient's confidentiality and use their computer to log into the operating system, which was a secure programme. All staff had received training in health and safety including fire safety.

The service was not intended for use as an emergency service. The system was not designed to manage any emerging medical issues during a consultation as the consultations were not undertaken in real time. The system would highlight any clinical concerns to the person reviewing the form. The staff we spoke with were aware of how to direct the patient to a more appropriate service if needed. Following the inspection the provider developed a protocol to manage an emergency during telephone calls with patients. This protocol was disseminated to all staff.

Staffing and Recruitment

There were enough staff to meet the demands for the service and there was a rota for the pharmacist independent prescribers. There was a support team available during consultations and a separate IT team.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. Candidates that met the specifications of the service then had to provide documents including proof of registration with the relevant professional body, proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act.

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

Prescribing safety

We spoke to two of the four pharmacist independent prescribers who run the online service. This team also wrote the patient group directions (PGDs, these are written directions that allow the supply of a medicine for a group of patients who cannot be individually identified before presentation for treatment) used by pharmacists in Boots stores to provide treatment for patients. This team was called the Independent Medical Agency within Boots Plc.

Are services safe?

We saw that the information given to people online to inform their treatment choices were comprehensive and included options outside of the medicines that Boots could provide. The information also included signposting to other services e.g. an NHS GP or a community pharmacy. The questionnaires that people completed to determine eligibility for treatments facilitated safe prescribing. The service ensured that patients whose questionnaires indicated the need for more detailed review were assessed by the pharmacist independent prescribers and patients were contacted by either telephone or email to ensure medicines could be prescribed safely. All information obtained from the questionnaires and other contacts were included in a patient's treatment record held by the service.

A limited range of conditions and medicines were available to be treated online. These had been determined by in-house governance processes to ensure they were appropriate for their online service model. Repeat prescriptions for chronic disease management were not provided as the provider told us this was more suitably managed by the NHS GP. In addition, the service did not provide any medicines with known abuse potential.

The service provided both an online and, a PGD led, in-store travel clinic. Where there were a variety of treatment options suitable for a patient, information relating to their options and potential side effects was provided to facilitate an informed choice. In addition, we saw that health promotion information was provided to help keep people safe during travel.

The travel clinic service was available to children from age five and we saw that the online questionnaires required an adult to register on the site and confirm they had parental responsibility for the child. The service did not have processes for verifying this to mitigate the risk of those without such responsibility obtaining the medicines that might support them taking a child out of the country. The staff were able to describe how safeguarding services local to a patient could be contacted if a need was identified. We were told that all pharmacists operating under the travel clinic PGDs had received training on FGM and were alert to the risks and held their local safeguarding team contact details.

The service occasionally provided an unlicensed rabies vaccine due to lack of availability of the UK licensed product. Medicines are given licences for use in this country after trials which show they are safe and effective for treating a particular condition. We saw that this was issued under a patient specific direction and the administering pharmacist was required to ensure patients consented to receiving the unlicensed vaccine.

The service conducted both audits and surveys to monitor the quality and safety of prescribing and record keeping. We also saw evidence of the service responding to a concern raised by an NHS nurse. This resulted in the questionnaire for treatment to delay periods being altered to ensure patients understood factors that could make their blood clot.

Patient and medicine safety alerts were received and responded to in a timely manner. The service provided an example of their online questionnaire being updated within twenty-four hours of an alert being received. They also demonstrated how information that altered clinical practice was cascaded to pharmacists working under the PGDs.

Prescriptions were signed with an access controlled electronic signature and sent to a pharmacy of the patient's choice or the medicines could be delivered directly to the patient. We were told that the delivery address was not necessarily the billing address which could contribute to identity fraud. The provider agreed to consider their position on verifying identification.

When people registered for the online service NHS GP details were obtained to facilitate sharing of information in line with GMC guidance. People were not able to be treated by the online service if GP details were not made available. We saw letters sent by the online service to patient's GPs to inform them of treatment obtained via the service.

The competency of the independent prescribers was assessed by in-house appraisal and peer review and training logs were held to demonstrate appropriate training had been completed.

Information to deliver safe care and treatment

Patient identity checks were limited; other than via a credit/debit card check. The provider could not be sure they were consulting with the person who owned the card. The provider recognised that this was not sufficient to assure themselves the patient was who they said they were, whether they were male or female or over the age of 18. The provider was in the process of commissioning a service from an external provider where patients' details

would be verified against several national databases to confirm the patients' identity. At the time of our inspection, this was at the consultation stage. The provider had a risk assessment in place prior to this which had determined that the current medicines available via the online service were limited and low risk and had concluded that further identity checks were not required.

Pharmacist independent prescribers 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. The provider told us that they had no serious adverse events reported over the previous 12 months'. The provider showed evidence of two significant events that had occurred. The provider was advised to widen the definition of significant events to also include positive events where outcomes had resulted in changes that could be shared more widely.

Upon further discussion the provider told us that they had a patient that had been prescribed a medicine which was contraindicated for them because they had been untruthful on their consultation. Following this the provider investigated the incident and altered the questionnaire to identify and detail the risks to patients.

We saw evidence from one incident 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. There was an issue with the computer system which had resulted in an incorrect dosage of a medicine, for stopping smoking, being supplied to patients. The provider contacted each patient to explain the issue and apologise to them.

The provider told us they held clinical meetings and whole staff meetings regularly where incidents and complaints were communicated and discussed with all staff. There were meeting minutes available to demonstrate that these had been discussed and changes implemented had been communicated with all staff.

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.

Assessment and treatment

We reviewed eleven examples of medical records that demonstrated that each prescriber 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 were told that if a satisfactory conclusion had not been reached there was a system in place where patient's could be contacted again.

Patients completed an online form which included questions about 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 eleven medical records and found they were complete records and adequate notes were recorded. The pharmacist independent prescribers had access to all previous notes.

The staff 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. If the provider could not deal with the patient's request, this was explained to the patient and a record kept of the decision.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. An annual clinical records audit was undertaken to ensure the pharmacist independent prescribers were recording consultations in line with the provider policy.

Quality improvement

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

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity; for example, the provider regularly reviewed the patient consultation questionnaires to ensure they were evidence based.

Following negative media attention on an antimalarial medicine due to significant mental health side effects the provider improved their consultation to ensure that the information to patients to help them make their informed decision was as clear as it could be, with additional information to patients provide all relevant medical history relating to past mental health conditions.

Staff training

All staff had to complete an induction which consisted of fire safety, first aid and moving and handling which was offered in house. There was a schedule of ongoing training and staff had completed formal training in fire safety, Mental Capacity Act and safeguarding training to the level appropriate to their role.

The staff working at 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 staff handbook, how the Information Technology system worked and aims of the consultation process. Administration and clinical staff received annual performance reviews. There were systems in place to monitor when staff were due to have their appraisal.

The prescribing staff had a range of ways to maintain their competence and improve communication. This included daily prescriber check ins, monthly performance reviews, development of newsletter, a monthly patient safety working group and regular peer reviews.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. If patients did not agree to information being shared with their GP they were informed that the medicine could not be prescribed for them.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The service identified patients who may be in need of extra support and had a range of information available on the website. For example, the provider had a section on their website for health advice such as smoking cessation.

Where the provider could not assist a patient, they directed them to alternative services that may be more appropriate for the patient.

Are services caring?

Our findings

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

Compassion, dignity and respect

Pharmacist independent prescribers undertook on line consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure they were complying with the expected service standards and communicating appropriately with patients.

The provider undertook a survey of the online prescription clinics. From October to December 2016 the survey was completed by 92 patients. The survey showed 82% of patients surveyed would recommend the service to a friend or family member and 90% agreed they felt they were treated with respect.

Involvement in decisions about care and treatment

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

The provider had produced an information leaflet in Mandarin due to an increased uptake of services from Chinese patients.

The latest survey information available from October to December 2016 showed that 96% of patients indicated that they received enough information about their treatment before their purchase, with 83% indicating that they had access to a patient guide.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The service could be accessed through the provider's website, www.boots.com where patients could place orders for medicines seven days a week. The service was available for patients in the UK only. 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.

Patients selected the treatment they required, filled in a consultation form and paid for the cost of the medicines and the consultation. The consultation form was then reviewed by a pharmacist independent prescriber, and once approved, a prescription was issued. Where further information was required before approving the consultation form, they would contact the patient either via the telephone or email.

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

From October 2016 to December 2016 the online clinic's patient feedback was given in the following split:

- Hair retention clinic 62%
- Malaria prevention clinic 1%
- Mild to moderate acne clinic 10%
- Stop smoking clinic 9%
- Period management clinic 18%

The provider undertook a survey of the travel vaccination and health advice service.

Of 560 customers:

- 97% were either satisfied or very satisfied with their experience of the service.
- 98% of customers were satisfied they were treated with respect.
- 97% were confident with the advice and information provided.

The provider undertook a survey of the malaria prevention service.

Of 240 customers:

- 95% were either satisfied or very satisfied with their experience of the service.
- 99% of customers were satisfied they were treated with respect.
- 95% were confident with the advice and information provided.

Following feedback from pharmacists delivering the meningitis B service to children the provider produced a video for parents to help them understand what to expect at their appointment and the role they had to play.

The provider became aware of a significant uptake in the number of Chinese students requesting Human papilloma virus (HPV) vaccine which resulted in them producing an information leaflet in Mandarin.

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.

Type talk was available for patients with hearing loss.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. The provider had not received any complaints in the last 12 months. However, they regularly monitored the anonymous reviews received through pharmacy that relate to the delivery of the online service to analyse emerging trends and identify learning.

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

Are services responsive to people's needs?

(for example, to feedback?)

them with any enquiries. Information about the cost of the consultation was known in advance and paid for after the consultation was complete and the prescription was issued.

Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. All staff had received training about the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the staff assessed the patient's capacity and recorded the outcome of the assessment.

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 well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We reviewed business plans that covered the next year. The business plan included improvements to the service such as improving the way patients were identified, and completing an ongoing review of current clinical guidelines.

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 regular 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 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.

For a new treatment to be commissioned the service had a cyclical process to ensure they were safe to be prescribed via an online service. If a new service was identified then a proposal would be put to a clinical advisory board. Following this a draft consultation would be drafted and a clinical review group would review the consultation questions. This would then go back to the clinical advisory board before being finalised and approved. Test scripts would be written and approved by the service and the system would be tested for any technical issues. The service website pages would then be developed. Once these are approved the clinical staff would undertake training in the clinical area to ensure they were competent to prescribe. The new service would then be launched and reviewed on an ongoing basis.

If at any stage there were issues identified with the new service the process would be restarted or cancelled if the issues could not be resolved.

For the development of new services the medical director gave their clinical input and the provider also had a local GP who attended the advisory boards to offer independent clinical advice.

Leadership, values and culture

The Medical Director had responsibility for any medical issues arising. There were arrangements in place to cover absences and leave. 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. We also saw evidence of patients being offered an apology when things went wrong with the service.

Safety and Security of Patient Information

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

There were policies and Information Technology 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 had the opportunity to leave feedback for the service. Patient feedback was published on the service's website. The provider also undertook regular surveys to gain feedback from patients. Patients were e-mailed a link to the survey which asked several questions about the patient's experience when using the service. We saw the provider had analysed results from the last survey in 2016 and had taken actions to make improvements where these were identified.

For example, patients were asked if they could find information they needed to know during a consultation, if they were treated with dignity and respect and if they were confident in the advice and information available to them.

Are services well-led?

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

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

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

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. The provider had plans to introduce a new system to improve the patient verification process and implemented improvements to their safeguarding policy immediately following the inspection.

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 on a monthly basis. However, as the management team and Information Technology teams worked together at the headquarters there were 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. For example, although the online service did not currently have any translation services the provider had produced an information leaflet in Mandarin due to an increased uptake of services from Chinese patients.