

Babylon Healthcare Services Limited

# Babylon Healthcare Services Ltd.

## Inspection report

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Babylon Healthcare Services Ltd on 4 July 2017.

Babylon Healthcare Service Ltd provides an online GP consultation service. They employ GPs on the General Medical Council (GMC) GP register to work remotely and undertake patient consultations. Patients are able to book a 10 minute consultation with a GP 24 hours a day

and seven days a week. Consultations are undertaken through video call or phone call. Subscribers to the GP consultation service can pay a monthly fee or pay for each consultation.

This report sets out our findings and details of the regulatory requirements are set out at the end of this report.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Babylon Healthcare Services Ltd.

## Detailed findings

## Background to this inspection

### Background

Babylon Healthcare Service Ltd provides an online GP consultation service. They employ GPs who are on the General Medical Council (GMC) GP register to work remotely in undertaking patient consultations. Patients are able to book a 10 minute consultation with a GP 24 hours a day and seven days a week. Subscribers to the GP consultation service can pay a monthly fee or pay for each consultation.

Patients can access the service via a mobile application on their mobile phone or via their computer. Patients can request an appointment which the provider aims to fulfil within two hours of the patient's request. A consultation with a GP is undertaken by video calling or over the telephone. Any prescriptions issued following the consultation are faxed and sent by post to the patient's preferred local pharmacy.

Babylon also provides general healthcare advice under an 'Ask a Question' service where people can text a medical question and receive an answer from a doctor or nurse. No diagnosis or prescription is provided for people using this service. All previous questions asked by the patient can be seen by the GP during any subsequent on line consultation.

The provider offers their service to patients registered at one GP practice in London and two practices in Essex. This is arranged from the GP practices who gave patients details of how to access Babylon Healthcare Services. Babylon Healthcare Services Ltd is also used by other organisations who offer this service to their employees as a corporate benefit.

The Chief Executive Officer is the registered manager. 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.

The provider was previously inspected on 21 July 2016 and was found to be compliant with the relevant regulations.

### How we inspected this service

Our inspection team was led by a CQC Lead Inspector, accompanied by two GP Specialist Advisors, a second CQC Inspector and a CQC pharmacist specialist.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff including, the Chief Executive, the Medical Director, the Associate Medical Director, the Operations Director, the GP Lead, three GPs, the Pharmacy Lead, the Clinical Operations Manager, the Clinical Operations Project Manager, and Clinical Operations Support Worker.
- We also spoke with other stakeholders whose registered patients used the service of the provider, including a doctor, a GP and a practice manager.
- Reviewed organisational documents.
- Reviewed a sample of medical records.

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

# Detailed findings

- 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.

## **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 in some areas, this service was not providing safe care in accordance with the relevant regulations.

### Keeping people safe and safeguarded from abuse

Staff employed at the provider's headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. All the GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for the GPs registering with the service to provide safeguarding training certification. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to.

The service treated children, who had to be linked to one of their parent's account. GPs were required to check the parent's identity by asking them their name, date of birth and if they had parental responsibility. Children were also asked questions to verify their identity. Where there were concerns, the child's parent would be asked to provide a copy of their child's birth certificate. We were told that once the new system to check patients' identity was implemented for all patients, parents' would be required to provide a copy of their child's birth certificate when registering with the service or prior to booking an appointment.

### Monitoring health & safety and responding to risks

The clinical operations support team which included a clinical operations manager and clinical operations support workers carried out a variety of checks either daily or weekly. These included checks that prescriptions had been faxed and posted to the pharmacy of the patient's choice. The senior clinical team also carried out daily checks, for example, a sample of consultations undertaken in the last 24 hours were reviewed by a member of the senior clinical team. These were recorded and formed a clinical team weekly report, which was discussed at team meetings and clinical meetings. However, the audits had failed to identify where GPs had not adhered to the provider's risk assessment on identity checks. The provider sent information following the inspection which showed that an audit had been undertaken specifically to identify where GPs had not adhered to the provider's risk assessment for identity checks.

The provider headquarters was located within modern purpose built offices, housing the IT system, management and administration staff. Patients were not treated on the premises and GPs carried out the online consultations remotely, usually from their home. Administration staff had received training in health and safety including fire safety.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their 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. These were also audited on a quarterly basis to ensure GPs adhered to the standards set by the provider.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with an emergency. 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.

### 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. There was a system in place to forecast demand which enabled the provider to ensure there were enough staff available to meet periods of high demand. GPs were required to undertake regular sessions with the service to ensure they were up to date with the provider's systems.

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. Potential GP candidates had to be registered with the General Medical Council (GMC). All candidates were on the GMC GP register and national performers list. Those GP candidates that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the GMC, proof of their qualifications and certificates for training in safeguarding and the Mental Capacity Act. The provider had also arranged a corporate indemnity insurance to cover the GPs working for the organisation. The GPs could not be registered to start any consultations until these

# Are services safe?

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 identified when any documentation was due for renewal such as their professional registration.

We reviewed three recruitment files which showed the necessary documentation was available, however, the provider had not requested information about the occupational health needs of candidates. The provider told us that they carried out a rigorous interview process and this would highlight any concerns. The provider also told us after the inspection that they would now provide occupational health checks for all their staff who were already employed and for future candidates.

## **Prescribing safety**

All medicines prescribed to patients during consultations were monitored by the provider. A senior member of the clinical team reviewed a sample of consultations undertaken in the previous 24 hours to check if they were appropriate. We were told by the provider that if there were concerns around consultations, this would be addressed with the individual GP and appropriate training arranged if deemed necessary.

The provider offered a wide range of treatments which could be prescribed to patients following a telephone or video consultation with a GP. If a medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. 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.

GPs produced documents requesting medicines which were passed to the clinical administration team, who attached a copy of the prescriber's signature and faxed the document to a pharmacy of the patient's choice. The prescription, signed in ink by the doctor was then posted by 1st class Royal Mail to the pharmacy. At our previous inspection, we asked the provider to make arrangements to monitor the receipt of posted prescriptions by the pharmacy. The provider told us replacement prescriptions could not be used by someone else as they contained details of a specific pharmacy where the medicine could be obtained. The provider had also implemented a system whereby a member of their support team would contact

the relevant pharmacy and inform them that a copy of the prescription would be faxed to them and the prescription posted. The pharmacy was also asked to contact the provider should they not receive the original prescription.

Blank prescription forms and pads (NHS FP10s) were stored securely and there were systems in place to record their use. There was no system to assure the provider if blank prescription forms went missing. The provider sent us information after the inspection to demonstrate they had implemented a policy to ensure the security of prescription pads and plans to undertake audits every three monthly.

The GPs were encouraged to prescribe from a set list of medicines. When a GP prescribed a medicine outside of the set list, an alert was sent to the clinical management team who could approve or reject the prescription. The approved list contained some medicines that have a risk of being misused by patients. The provider had policies in place to restrict the quantity and frequency of supply and to check photo ID of patients when these medicines were prescribed. There was a three stage process to checking the identification of patients requesting those medicines, and the provider had risk assessed this process and added a fourth stage. However, we saw in eight out of 12 prescriptions we reviewed, the prescribing GP had not adhered to the policy and the fourth stage had not been undertaken.

The GPs also prescribed some medicines outside of their licensed indications. (Medicines are given licenses after trials have shown they are safe and effective for treating a particular disease. If a medicine is used in a way which is different from that described in its license, this is called unlicensed use. This is higher risk because less information is available to show the benefits of the medicine for an unlicensed condition, and less is known about the potential risks). GPs routinely recorded their rationale for prescribing medicines for unlicensed use in the consultation notes and additional information was supplied to patients to ensure they acknowledged and consented to the medicine being used for an unlicensed indication. However we found for two patients, no additional information was supplied to inform them that the medicine was being prescribed for use outside of its license, and there were no records of consent that the patient acknowledged and understood that the medicine was being used outside of its license.

# Are services safe?

The service had an antimicrobial formulary that was based on the Public Health England national antibiotic prescribing guidance. This encouraged good antimicrobial stewardship. Antibiotic prescribing was audited to ensure adherence to the formulary. The audit results were shared with the GPs and prompted reviews of the formulary.

The provider prescribed medicines for patients with long term conditions such as diabetes and thyroid disease. We found prescribing was not in line with current guidelines and evidence based practice. For example, we looked at the records for six patients who had been prescribed a medicine for diabetes and there was no assurance those patients had received appropriate monitoring.

There was a reliance on verbal information given by patients instead of obtaining evidence, such as blood test results, to enable clinicians to prescribe safely. For example, we looked at the records of three patients with thyroid disease and found no records of blood test being recorded or requested.

## Information to deliver safe care and treatment

The provider had three groups of patients who could access the service. Those were patients who:

- Registered with the provider privately.
- Patients who were registered with one of the three NHS GP practices where some of their registered patients could use Babylon Healthcare Services Ltd for consultation with a GP to enable better access to appointments with a GP.
- Patients who worked for an organisation who offered the provider's service as part of their corporate employee benefits.

The provider had commissioned a service from an external organisation to check the identity of patients using information from several databases and facial recognition software. At the time of the inspection, the new system was being tested and based on a risk assessment the provider had prioritised patients who needed prescriptions for medicines at risk of misuse. Patients who were registered

with one of the three NHS GP practices where some of their registered patients could use Babylon Healthcare Services Ltd for consultation with a GP and patients requesting medicine which could potentially be misused had their identity checked using the new system on registering with the service and at each consultation.

The provider told us patients using the service as part of the employee benefit provided by their organisation would have had their identity checked by their employer. The provider received a list of eligible patients and they allocated a code for those patients to use. Only when the correct code has been entered on registration and when booking a consultation that the patient would be able to access the service.

The provider told us that they had plans to implement the new system for checking patients' identity to all patients within a few weeks of our inspection and upon completion of their testing.

## 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. 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, following a delay in reporting a safeguarding concern by a GP, changes were made, to ensure GPs made themselves available to discuss these issues and ensure timely reporting and also improvement to the video consultation process were made by the technical team.

Incidents were discussed at monthly clinical meetings and weekly staff meetings. We saw minutes of meeting where these discussions had been held.

We saw evidence from four 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### 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 were told that each consultation lasted for 10 minutes. If the GP had not reached a satisfactory conclusion there was a system in place where they could contact the patient again.

Patients registered with the provider and requested a consultation via a mobile application or online. The consulting GP would then take the patient's relevant details and past medical history during the consultation. The GPs had access to all previous notes and questions that the patient may have asked through the 'Ask a Question' service.

The GPs providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform certain 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 either their own GP or one of the specialists or therapists available privately through the provider. 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. For example, random consultations in the previous 24 hours were monitored by a member of the senior clinical team and where they fell below the provider's standards, this was addressed with the consulting GP.

### 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, they had audited their antibiotics prescribing to ensure this was in line with evidence based guidelines. The initial audit identified a number of improvements required to ensure the best use of antibiotic to minimise resistance. These included reviewing their antibiotics guidelines, introducing clinical coding to enable better capturing of data, and clear recording in patients notes where the preferred antibiotic could not be prescribed. A re-audit showed that antibiotics prescribing had improved where preferred generic antibiotics were being prescribed.

### Staff training

All staff had to complete induction training which consisted of fire safety, health and safety and safeguarding. Staff also had to complete other training on a regular basis. 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. Regular communications were sent out and meetings held when any organisational changes were made. The GPs we spoke with told us they received excellent 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. GPs received an 'in house' appraisal with the Medical Director and Associate Medical Director in addition to their own appraisal with the NHS as part of their revalidation process. There were systems in place to monitor the performance of each individual GP.

### Coordinating patient care and information sharing

When a patient contacted the service, they were routinely asked, through the mobile application for the details of their own GP and whether their consultation could be shared with their registered GP. However, from the medical records we reviewed, there were numerous examples

# Are services effective?

(for example, treatment is effective)

where the details of the patient's own GP had not been recorded. We found in some cases if patients agreed, a letter was sent to their registered GP in line with GMC guidance.

From medical records we reviewed:

- Six out of 10 patients prescribed medicines for asthma had not had the details of their consultation shared with their registered GP.
- Four out of five patients prescribed medicines which could potentially be misused, had not had the details of their consultation shared with their registered GP.

The provider had a policy in place which highlighted the importance of sharing information about consultations with patients' registered GP. However, the policy did not have clear guidelines for the types of conditions or medicine request where it would be necessary, for appropriate and safe prescribing, to gain consent from the

patient to share information with the patient's registered GP or signpost them to another service. Also the policy did not outline the process for clinicians to follow, should a patient refuse to give consent and details of their registered GP. The provider reviewed their policy after the inspection. This revised policy risk assessed the areas of practice and prescribing where prescribing should normally only be undertaken if a patient had given consent to the sharing of information with a patient's GP.

The service monitored the appropriateness of referrals/ follow ups from test results to improve patient outcomes. There was a duty doctor responsible for reviewing test results and contacting patients where further treatment was required.

## **Supporting patients to live healthier lives**

Patients were given advice on healthy living as appropriate.



# 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

We were told that the GPs undertook consultations in a private room and were not to be disturbed at any time during their working time with the provider. The provider carried out random spot checks to ensure the GPs were complying with the expected service standards and communicating appropriately with patients. In addition to consultations that had taken place in the last 24 hours being randomly reviewed every day, quarterly audits were carried out to ensure GPs complied with the expected standards.

We did not speak to patients directly on the day of the inspection. However, we reviewed the latest patient feedback on the provider's website. At the time of the inspection

- 18,323 patients had rated the service they had received five out of five stars.
- 2,112 patients had rated the service they had received four out of five stars.
- 640 patients had rated the service they had received three out of five stars.

- 221 patients had rated the service they had received two out of five stars.
- 634 patients had rated the service they had received one out of five stars.

Patients were able to add a free text comment when rating the service they had received. Patients commented that the GPs were polite, made them feel at ease and they were listened to by the GP. The provider told us that ratings of three stars or below were reviewed by a member of the senior clinical team and feedback given to individual GPs. We saw the provider also responded to feedback on their website where patients had left negative comments.

### 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 clinicians/ GPs working for the service and could book a consultation with a GP of their choice. For example, whether they wanted to see a male or female GP. The GPs available could speak a variety of different languages.

Patients could access a copy of their video consultation via the mobile application shortly after the consultation had taken place. The provider told us that they were proud that they recorded consultations and that the care provided was transparent.

# 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

Patients were able to book a consultation with a GP 24 hours a day and seven days a week. This was not an emergency service. The provider had a list of circumstances which required immediate attention and where it would not be appropriate to use their service. Subscribers to the GP consultation service could pay a monthly fee or pay for each consultation.

The digital application allowed people to contact the service from abroad but all medical practitioners were required to be based within the United Kingdom. Any prescriptions issued were delivered within the UK to a pharmacy of the patient's choice.

Patients signed up to receiving this service on a mobile phone (iPhone or android versions that met the required criteria for using the app).

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

Patients requested an online consultation with a GP and were contacted at the allotted time. The maximum length of time for a consultation was 10 minutes. However, we were told that GPs were able to extend the appointment if it was clinically necessary. Patients could also book another appointment if the GP had not been able to make an adequate assessment or give treatment. The provider aimed to offer patients an appointment within two hours of the patient requesting the appointment.

### 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 or one that spoke a specific language or had a specific qualification. Type talk was also available.

### 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. We reviewed the complaints system and noted that comments and complaints made to the service were recorded. We reviewed two complaints out of 23 received in the past 12 months.

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.

### 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 consultation was known in advance and paid for before the consultation appointment commenced. Patients could pay for each consultation or pay an annual fee. Patients paid for the cost of the medicines prescribed directly with the pharmacy of their choice.

Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. The process for seeking consent was monitored through audits of patient records.

All GPs had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. 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 GP 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 met patients' needs and wishes. The provider had a mission which was to put an accessible and affordable health service in the hands of every person on earth. We reviewed business plans that covered the remainder of 2017. The plan had a set of objectives which supported the provider's strategy to grow and provide their service in other countries, develop their clinical quality control system and ensure their clinical operations were successful.

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 taken place in the previous 24 hours. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings and monthly clinical team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.

### **Leadership, values and culture**

The Medical Director and Associate Medical Director had responsibility for medical issues that arose. They attended the service regularly and staff told us they were available when they needed advice and support. There were systems in place to address any absence of clinicians and to forecast demand and to ensure there were enough staff to meet increase in demands.

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**

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 received a notification within the mobile based application at the end of each consultation to rate the service they received and they could also post any comments or suggestions online. Patients could write free text to comment on the service they received. Patient feedback was published on the service's website. This was constantly monitored and if fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls. This was discussed with individual GPs and if necessary, further training was arranged. All patient feedback were reviewed weekly and uploaded on the provider's website.

The GPs 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. Staff told us that they felt supported by the management team and that they were able to make suggestions.

Feedback about the service from external stakeholders was positive. They told us that where their patients had used Babylon Healthcare Services Ltd, those patients had commented positively on the service they had received. Where there had been issues, the provider had addressed these in a timely manner.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. The Medical Director and Associate Medical Director was the named person for dealing with any issues raised under whistleblowing.

### **Continuous Improvement**

# Are services well-led?

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

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.

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. The provider held weekly “stand up” meetings where staff were updated on the performance of the service. Positive feedback was also shared at those meetings. However, as the management team and IT teams worked together at the headquarters there was ongoing discussions at all times about service provision.

Staff received a 360° appraisal and six monthly performance reviews. Staff told us the provider arranged

team days annually and they were able to make suggestions for improvements. For example, as a result of team members highlighting that they did not have an appreciation of what other people in the organisation were working on, staff were asked to provide an update on their objectives and how this would contribute to the organisation, on a regular basis.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. The provider had various reporting tools and dashboards which allowed the clinical operations team to continuously monitor the quality of the service. These included, reports on consultation waiting time, appointment forecasting, patient rating, and a prescribing report.

This section is primarily information for the provider

## Requirement notices

### 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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Prescribing decisions were not always made appropriately, based on a thorough medical history and not made in line with evidence based; risk assessed national guidance and best practice.</li><li>• Information was not always shared with a patient's primary physician to ensure prescribing was safe or appropriate.</li><li>• There was no system in place to give assurance that patients' conditions were being appropriately monitored.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>