

Freedomhealth Ltd

Freedomhealth Limited

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 8 December 2017 of the face to face private medical service at Freedomhealth Limited. We also followed up the inspection of the online service at Freedomhealth Limited, which we previously inspected on 23 August 2017. The report of the 23 August 2017 inspection can be found by selecting the 'all services' link for Freedomhealth Limited on our website at www.cqc.org.uk

At our previous inspection of the online service on 23 August 2017 we found the provider had not ensured that care and treatment was delivered in accordance with evidence based guidelines and the provider had not ensured that patient records were complete and accurate. We issued a requirement notice under the following regulations:

Regulation 12: Safe care and treatment

Regulation 17: Good governance.

At this announced comprehensive inspection, combined with the follow up inspection of the online services, on 8 December 2017 we found the service had addressed the issues identified at the last inspection. We asked the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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.

Summary of findings

Freedomhealth Limited provides private GP services from its location at 60 Harley Street, London, W1G 7HA, as well as an online service providing patients with prescriptions for medicines that they can obtain from the affiliated registered pharmacy. The online service is provided by a separate company Midcounties Co-operative. The GP working for the online service also works in the service as the director. The GP provides private general practice, specialist sexual health services and cosmetic treatments which are available to any fee paying patient. The service is operated by one GP supported by a service manager and reception staff.

The private GP service is open Monday to Thursday from 8.30am until 6.30pm and Friday 8.30am to 5.30pm. The service is not open on the weekend and does not offer out of hours services.

Freedomhealth Limited was originally established in 1997, and has evolved to provide an online service (since 2011) that allows patients to request prescriptions through a website (the online service). 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 GP 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 sent to the affiliated pharmacy before being dispensed, packed and sent to the patient by secure post (the pharmacy is regulated by the General Pharmaceutical Council and does not form part of this inspection).

The service has a registered manager, 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 service is registered with the Care Quality Commission (CQC) to provide the regulated activities treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

CQC inspected the online service on 23 August 2017, we issued a requirement notice under the following regulations:

Regulation 12: Safe care and treatment

Regulation 17: Good governance

We asked the provider to make improvements regarding; ensuring that care and treatment was delivered in accordance with evidence based guidelines and ensuring that patient records were complete and accurate. We checked these areas as part of this combined follow up online inspection of the online service and comprehensive inspection of the face to face service and found these concerns had been resolved. The online service had redesigned their system including developing patient questionnaires so that they captured all communication between patient and clinician and included an area for clinical notes. The service now required patients' consent to providing GP details (specifically patients requesting medicine for asthma), failure to provide this information now resulted in prescriptions not being issued.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received.

Our key findings were:

- The provider had a clear vision to deliver high quality care for patients.
- The provider had updated their online website so that it verified patients' identity.
- The clinical records relating to the online service now had facilities that enabled an audit trail.
- The provider had updated the questionnaire used to obtain patient information for the online service.
- The service shared information about treatment with the patient's own GP with their consent, for example, the provider's online service would only prescribe medicines for asthma if the patient had provided their GP details.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Summary of findings

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

There were areas where the provider could make improvements and should:

- Review how patients with hearing impairments and whose first language is not English are supported.
- Review online patient questionnaires and patient ID checking to ensure they continue to follow best guidance.
- Review quality improvement initiatives which may include completed clinical audits.
- Review the arrangements for treating emergencies following a risk assessment.

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.

- The provider had rebuilt its website and updated its software so that it enabled clinicians to access all parts of a patient's record so that they could see what advice and treatment had previously been given. (This was not in place at the last inspection of the online service). Patient questionnaires had been revised and now required patients to provide additional information. (This was not in place at the last inspection).
- The request for consent to contact the patient's own GP to inform them of the treatment they were receiving (in relation to the treatment of asthma) had been strengthened and had been brought into line with GMC guidance for the online service.
- We found there was an effective system for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Arrangements were in place to safeguard people, including arrangements to check patient identity.
- Prescribing was in line with national guidance, and people were told about the risks associated with any medicines used outside of their licence.
- Suitable numbers of staff were employed and appropriately recruited.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills, knowledge and training to deliver effective care and treatment to carry out their role to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- The provider had put a system in place to share NICE guidance and any patient safety alerts with staff. Incoming information would be logged, disseminated and a 'read receipt' obtained. The service had reviewed how it assessed patients' needs and recorded patient treatment.
- For the online service the provider had not been in a position to carry out audits, but we saw examples of written plans for quarterly prescribing audits which they intended to share with their affiliated pharmacy.
- Audits had been conducted for the private GP service, including a Urinary Tract Infection(UTI) antibiotic audit and an Antimicrobial audit, both were one cycle audits.
- For the online service the provider had specifically reviewed treatment for asthma, and strengthened their policy in this regard. It was now mandatory to share information with a patient's registered GP.

Summary of findings

- Following patient consultations information was appropriately shared with a patient's own GP in line with GMC guidance.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Systems were in place to ensure that all patient information was stored and kept confidential.
- According to patient feedback, services were delivered with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Translation services were not available for patients who did not have English as a first
- The service did not provide a hearing induction loop.
- The provider carried out checks to ensure consultations by GPs met the expected service standards.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs. (With the exception of patients in a wheelchair who could not access the toilet).
- Information about how to complain and provide feedback was available and there was evidence that systems were in place to respond appropriately and in a timely way to patient complaints and feedback. Seven complaints in relation to the private GP service had been received in the last 12 months. There were no complaints for the online service.
- Treatment costs were clearly laid out and explained in detail.
- Patients were able to request consultations by telephone, email or in person.
- There was timely access to appointments once requested. Appointments were available on a pre-bookable basis, or by walk in.
- The service provided consultations face to face.
- The service could see children and had seen two in the last 12 months, however the service was predominately for to adults.
- The online service is available for patients in the UK only, aged over 18 years.
- Information about how to access the service was clear and the service was available 7 days a week, however, orders would only be processed Monday to Friday 9am to 4pm, with a four hour processing time frame
- The provider did not discriminate against any client group.
- Information about how to complain was available and complaints were handled appropriately.

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- Service specific policies were available.

Summary of findings

- For the online service, quarterly clinical meetings were planned and we saw the standing agenda that had been put into place for these meetings, none had happened at the time of the inspection.
 - The private GP service had meetings every two months with all staff.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
 - Staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
 - The service had implemented new software to improve the quality of identity checks of people using the online service.
 - Since the last online inspection the service now shared information about treatment with the patient's own GP with their consent, for example, the provider's online service would only prescribe medicine for asthma if the patient had provided their GP details.
 - Patient information was held securely.
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Freedomhealth Limited

Detailed findings

Background to this inspection

We carried out this comprehensive inspection combined with a follow up inspection of the inline service 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.

CQC inspected the online service on 23 August 2017, we issued a requirement notice under the following regulations:

Regulation 12: Safe care and treatment

Regulation 17: Good governance

We asked the provider to make improvements regarding; ensuring that care and treatment was delivered in accordance with evidence based guidelines and ensuring that patient records were complete and accurate. We checked these areas as part of this combined follow up inspection of the online service and comprehensive inspection and found these concerns had been resolved. The online service had redesigned their system including developing patient questionnaires so that it now captured all communication between patient and clinician and now included an area for clinical notes. A significant change was the on-line service now required patients' consent to providing GP details (specifically patients requesting medicine for asthma), failure to provide this information now results in prescriptions not being issued.

Since the last follow up online inspection in August 2017 Freedomhealth Limited had suspended their online service. However, since October 2017 they had started this up again and had updated their online systems and processes. The online service had been moved from

www.freedomhealthonline.co.uk to www.co-operativeonlinedoctor.co.uk where patients could place orders for medicines seven days a week. However, orders would only be processed Monday to Friday 9am to 4pm, with a four hour processing time frame.

The service is available for patients in the UK only, aged over 18 years. Patients can access the service by email from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application.

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, a second CQC inspector and a member of the CQC medicines team.

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

- Spoke with staff including the service director and GP, the pharmacist advisor, service manager and reception staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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

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

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

Are services safe?

Our findings

At our inspection of the online service in August 2017 we found that the provider had taken steps to address previous concerns relating to ineffective systems for managing staff recruitment, data protection and access to patient records, prescribing and significant events.

On our visit on 8 December 2017 we found that the provider had taken steps to address these issues. The provider had reviewed their staff recruitment policy and was now following it. The provider had updated their on-line website so that it verified a patient's identity. The online website now had facilities that enabled an audit trail. The online website had replaced the previous questionnaire used to obtain information regarding patients. The service had revised the list of medicines on offer as a result of the findings from the previous inspection. The request for consent to contact the patient's own GP to inform them of the treatment they were receiving had been strengthened and had been brought into line with GMC guidance, specifically for patients with asthma.

Safety systems and processes

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Safety policies were regularly reviewed. The service had systems to safeguard vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible. They had all been reviewed in August 2017.
- The lead GP understood their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect with children or adults who may be vulnerable.
- The lead GP received up-to-date safeguarding and safety training appropriate to their role. All staff knew how to identify and report concerns. The lead GP

informed us they would request the nurse or reception staff to act as a chaperone if required, and had ensured that staff who acted as a chaperone were trained for the role and had received a DBS check.

- The service had not carried out an infection control audit; however, shortly after the inspection the service provided us with an infection control audit, there were no actions arising from this.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service had a business continuity plan in place.
- The service had many long term patients. They did not formally identify patients attending the surgery unless there was particular reason to do so. Sexual health patients' identity was not checked. The service did not see children often, if they did they would only see children whose parents were known to them and were registered for general practice, they would also request photo identification for any adult bringing in new children. The online service used LexisNexis (a management system that provides access to many different databases through a single search interface) for patient identification and verification.

Risks to patients

- A health & safety risk assessment had been conducted in April 2017.
- The lead GP understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The lead GP liaised with other local sexual health services and could signpost patients.
- The lead GP knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services the practice assessed and monitored the impact on safety.
- The lead GP had professional indemnity insurance that covered the scope of their practice.

Information to deliver safe care and treatment

Are services safe?

- A significant change to the online service since the inspection in August 2017 was it now required patients' consent to provide GP details (specifically patients requesting medicine for asthma); failure to provide this information resulted in prescriptions not being issued.
- The provider had rebuilt its website and was using new software that enabled clinicians to access all parts of a patient's record so that they could see what advice and treatment they had been given previously.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, the service did not stock all emergency medicines commonly found in GP practices and had not carried out a risk assessment to determine what may be needed. The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

- There was a health and safety policy available, a health and safety risk assessment had been conducted in April 2017.
- The service ensured there was an up to date fire risk assessment and were involved in the regular fire drills carried out on the premises.
- All electrical and clinical equipment was checked and was in good working order.

Lessons learned and improvements made

There was a system for reporting and recording significant events and incidents.

- Staff told us they would inform the service lead of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed significant events and incident policies and procedures and saw that there were appropriate systems in place to identify, investigate, monitor and learn from significant events and incident analysis. There had been two significant events. The practice carried out a thorough analysis of the significant events. For example, a patient was given the wrong vaccine; the patient received an apology and full explanation. This was discussed within the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection of the online service in August 2017 we found the provider was not meeting the regulations, at this inspection we saw the provider had taken steps to address previous concerns. The provider had put a system in place to share NICE guidance and any patient safety alerts with staff. Incoming information would be logged, disseminated and a 'read receipt' obtained. The service was also reviewing how it assessed patients' needs and recorded patient treatment.

On our visit on 8 December 2017 we found that the provider had developed their online website, they had updated the questionnaire used to obtain patient information. The service shared information about treatment with the patient's own GP with their consent, for example, the provider's online service would only prescribe medicines for asthma if the patient had provided their GP details. The service told us GP details were not required for sexual health treatments.

The provider had not conducted any audits for the online service, as the provider had not been operating the online service since the last inspection in August 2017 and had only resumed trading in October 2017; therefore they had not been in a position to carry out audits but gave us reassurances that this was something that would be addressed. For example, we saw written plans for quarterly prescribing audits which they planned to share with their affiliated pharmacy.

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

Effective needs assessment, care and treatment

The lead GP told us on the day of the inspection that he intended to sign up to National Institute for Health and Care Excellence (NICE) guidance to support practice.

- We reviewed nine medical records for the online service and ten medical records for the private GP service which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.

Monitoring care and treatment

We saw the service had an effective system to assess and monitor the quality and appropriateness of the care provided.

- The service had arrangements to review and monitor the treatment of patients on long-term medicines.
- The provider had carried out some clinical audits. We reviewed two clinical audits carried out in the last 12 months, one urinary tract infection antibiotic audit used for bench marking and an antimicrobial audit 87% patients were appropriately managed, both were single cycle audits, the provider told us he intended on undertaking a second cycle.
- The provider had case discussions with colleagues regarding patients with Human Immunodeficiency Virus (HIV).

Effective staffing

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring. All staff had received an appraisal within the last 12 months.
- The lead GP was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice and was on the GP general register.
- All staff had conducted role specific training including basic life support, infection control, fire, safeguarding adult and children and information governance.

Coordinating patient care and information sharing

The service shared information about treatment with the patient's own GP with their consent. For example, the provider's online service would only prescribe medicine for asthma if the patient had provided their GP details. The service told us GP details were not required for sexual health treatments.

Consent to care and treatment

Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- The lead GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff demonstrated they understood and would carry out assessments of capacity to consent in line with relevant guidance, including for children and young people.

Are services caring?

Our findings

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

Kindness, respect and compassion

- The lead GP and staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- 49 Care Quality Commission comment cards were completed; all were positive about the care and treatment received.
- The service had conducted their own patient survey, from May 2017 to November 2017, 19 patients completed the survey, and all provided positive feedback.
- The lead GP also conducted 360 degree feedback survey, 45 patients had completed the survey, all results were positive.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices including information on the service website. The information included details of the scope of services offered and information on fees.
- Feedback suggested that patients felt diagnoses and treatments were explained clearly to them.

- Results from the internal patient satisfaction survey (from May 2017 to November 2017) showed:
- 100% of patients said they were satisfied with consultations.
- 100% of patients said they were pleased with the quality of the appointment.
- 100% of patients were clear on advice and instructions to follow.
- 100% of patients were satisfied with the time the GP spent with them.

Privacy and Dignity

- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.
- The lead GP undertook consultations in a private space, the online service was conducted from the same consulting room.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the inspection of the online service in August 2017 we found that the provider had taken steps to address previous concerns relating to responsive services. The provider had taken steps to log all complaints. These arrangements had improved when we undertook this follow up inspection of the online service combined with a comprehensive independent inspection on 8 December 2017. The provider had updated the complaints policy, and a log had been devised for staff to use particularly for verbal complaints.

Responding to and meeting people's needs

- The service regularly reviewed their business plans in order to develop services. This included the development of the online service.
- Access to the premises were suitable for wheelchair users, those with poor mobility and pushchairs. However, the toilet was not accessible for patients in wheelchairs.
- The service did not provide a hearing induction loop. The service had not conducted a risk assessment to determine the need for this.
- The service did not have translation services available. The service had not conducted a risk assessment to determine the need for this.
- There was information about complaints, service payments and how to provide feedback.
- Services were available to any fee paying person and did not discriminate against any client group.
- Treatment costs were clearly laid out and explained in detail on the website and in reception.

Timely access to the service

- The service was open Monday to Thursday between 8.30am and 6.30pm and Friday 8.30am to 5.30pm. Services were not provided outside of these times.
- Patients could place orders for medicines seven days a week. However, orders would only be processed Monday to Friday 9am to 4pm, with a four hour processing time frame.
- Appointments were available on a pre-bookable basis, or patients could walk in.
- Telephone consultations were also available.
- Patient feedback we received confirmed they had flexibility and choice to arrange appointments in line with other commitments.
- Results from the internal patient satisfaction survey (from May 2017 to November 2017) showed: 100% of patients described their experience of making an appointment as easy. 89% of patients described the service as operating punctually.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- There was a designated responsible person who handled all complaints.
- A complaints poster was displayed in reception; there was also a folder in reception accessible to patients which detailed the service complaints process. We saw this information included the complainants' right to escalate the complaint to the Independent Doctors Federation (IDF).
- The service had received seven complaints; including verbal and non-verbal, we found these were satisfactorily handled, dealt with in a timely way, with openness and transparency.

Are services well-led?

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

Our findings

At the inspection of the online service in August 2017 we found that the provider had taken steps to address previous concerns relating to well-led services. The provider had put a business continuity plan into place. They had also reviewed and updated their risk assessment policy. A remote working policy was put in place. The provider was also in the process of implementing new software to improve the quality of identity checks of people using the service.

These arrangements had significantly improved when we undertook this follow up inspection of the online service combined with a comprehensive independent inspection on 8 December 2017. The online service had implemented new software to improve the quality of identity checks of people using the service. The online service had replaced previous questionnaires used to obtain information regarding patients. The online service now required patients' consent to providing GP details (specifically patients requesting medicine for asthma); failure to provide this information now results in prescriptions not being issued.

Leadership capacity and capability;

The lead GP had the capacity and skills to deliver high-quality, sustainable care.

- The lead GP had the experience, capacity and capability to run the service and ensure patients accessing the service received high-quality assessment and care.
- The lead GP was knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the lead GP and the service manager.

Vision and strategy

- The provider had a clear vision to provide a high-quality responsive service. The provider had a mission statement which included service's aims and objectives.

Culture

- The service had a culture of high quality sustainable care. The service had an open and transparent culture. We saw that if there were unexpected or unintended safety incidents, the service would give the affected patient reasonable support, truthful information and a verbal and written apology.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

- The service had a governance framework which supported the delivery of the strategy and good quality care.
- There was a range of service specific policies which were accessible and these had recently been updated. There were first cycle clinical audits. There was no infection control audit in place to monitor infection control, however shortly after the inspection the service provided us with a completed infection control audit.

Managing risks, issues and performance

- There were systems in place to monitor the overall performance of the service.
- Quarterly clinical meetings were planned. They would have a standing agenda which we were told would include system reviews; audits, significant events, complaints, reviews of important alerts and case discussions. The private GP service held meetings every two months.

Appropriate and accurate information

- Patient assessments, treatments and medicines, including ongoing reviews of their care, were recorded on a secure electronic system. We reviewed nine anonymised assessment reports where a diagnosis was made. We found that the assessments included clear information and recommendations. The lead GP responsible for monitoring patients' care was able to access notes from all the previous consultations.
- Care and treatment records were complete, legible and accurate, and securely kept.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

- The service had systems in place to collect and evaluate feedback from staff and patients through meetings, appraisals and discussions. The service had received patient feedback from an internal patient survey and the lead GP's 360 degree survey was completed by 45 patients.

Continuous improvement and innovation

The service continued to review the online website and had replaced previous questionnaires used to obtain information regarding patients. The service was actively looking at recruiting another GP.