

Dr Morton's Limited

Dr Morton's - The Medical Helpline

Inspection report

Elizabeth House
39 York Road
London
SE1 7NQ
Tel: **012 123 123 123**
Website: www.drmortons.co.uk

Date of inspection visit: 24 November 2017
Date of publication: 27/02/2018

Overall summary

We previously inspected the service on the 24 February 2017 and found the service was not meeting some of the regulations. We carried out an announced focussed inspection on 24 November 2017 to follow up on breaches of regulations and we asked the service the following key questions: are services safe, effective and well-led?

Dr Morton's The Medical Helpline offers patients medical advice and treatment via an online platform. Patients access the services via Dr Morton's website www.drmortons.co.uk and can request consultations with a doctor via email or telephone. Patients can pay for these services by direct debit, which offers an unlimited service for a set payment per month, or by paying for an individual consultation. Patients can also order direct supply medicines from a small selection available via the provider's website. A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our findings in relation to the key questions are as follows:

Safe:

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

- The provider had risk assessed the systems in place to check the identity of patients. The risk assessment included correctly identifying the patient, recording calls and keeping the patient's registered NHS GP informed.
- Lead roles were clear within the organisation and were displayed within the office. The safeguarding lead was named in the safeguarding policy.
- Training records were up to date and a training matrix was in place to monitor staff training. Nearly all of the clinicians at the time of the inspection had received appropriate training in safeguarding children. There was one clinician that was level two trained and was in the process of receiving level three training. We received evidence after the inspection that this training had now been completed.

Effective:

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

Summary of findings

The service had a system in place for clinical quality improvement. Clinical audits had been carried out and we saw evidence to show improvements had been made.

Well-led:

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

- Policies we looked at were up to date and aligned with working practice within the organisation.
- The provider had a system in place to capture patient feedback and there was evidence to demonstrate the provider had responded to feedback and made improvements to the 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.

CQC inspected the service on 24 February 2017 and asked the provider to make improvements regarding their arrangements for:

- Risk assessing the system used for checking patients' identities.
- Monitoring staff training.
- Keeping policies up to date and reflective of the service.
- Ensuring lead roles within the service were clear.
- Ensuring staff had training relevant to their role.
- Ensuring there was a system in place to seek and act upon patient feedback.

We checked these areas as part of this focussed inspection and found the service had taken prompt action to put in place effective processes to address the areas identified for improvement during the previous inspection.

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 the service was providing a safe service in accordance with the regulations.

Are services effective?

We found the service was providing an effective service in accordance with the regulations.

Are services well-led?

We found the service was providing a well-led service in accordance with the regulations.

Dr Morton's - The Medical Helpline

Detailed findings

Background to this inspection

Why we inspected this service

We carried out a comprehensive inspection of Dr Morton's The Medical Helpline on 24 February 2017, and asked the provider to make improvements regarding their arrangements for risk assessing the system used for checking patients' identities, monitoring staff training, keeping policies up to date and reflective of the service, ensuring lead roles within the service were clear, ensuring staff had training relevant to their role, and ensuring there was a system in place to seek and act upon patient feedback.

How we inspected this service

Our inspection consisted of a CQC inspector, a GP specialist advisor and a second CQC inspector.

During our visits we:

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

This was a follow-up inspection, focussing only on areas where the service was found to be failing to comply with regulations during the initial inspection in February 2017. This inspection looked at three of the five questions we usually ask to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions in order to check that the service had followed their action plan and that the changes they had introduced following the initial inspection were effective and well-embedded. 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

At our previous inspection on 24 February 2017 we found that the service was not compliant with section 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for risk assessing the system for checking patient identities and ensuring staff had received safeguarding training relevant to their role.

These arrangements had significantly improved when we undertook a follow up inspection on 24 November 2017. The practice is now providing safe services.

- Following the previous inspection, the service had risk assessed their system for checking a patient's identification. The risk assessment included correctly identifying the patient, recording calls and keeping the

patient's registered NHS GP informed. The provider had assured themselves that their system was effective at ascertaining the patient's identity and that only the registered patient could access the service.

- We looked at training records for staff and found that nearly all of the clinicians at the time of the inspection had received appropriate training in safeguarding children. There was one gynaecologist working for the service that was level two trained and was in the process of receiving level three training. However, within the service's training policy, gynaecology staff had until the end of 2017 to complete level three training. We received evidence after the inspection that this training had now been completed. All clinicians had completed training on the Mental Capacity Act. A training matrix was in place to ensure staff were kept up to date with relevant training.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 February 2017 we found that the service was not compliant with section 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for having a formal programme of clinical quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 24 November 2017. The practice is now providing effective services.

- We reviewed one clinical audit carried out by the service that related to the prescribing of contraception. One of the outcomes of the audit was to encourage patients to give consent to share information with the patient's NHS GP.
- The service also regularly carried out call audits to ensure that phone consultations with the patient were effective and safe. The call audit looked at criteria such as appropriate prescribing, appropriate history taking and safeguarding.

Are services well-led?

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

Our findings

At our previous inspection on 24 February 2017 we found that the service was not compliant with section 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of their arrangements for having policies in place the reflected current practice within the organisation, ensuring staff were aware of lead roles within the organisation and ensuring patient feedback was acted upon.

These arrangements had significantly improved when we undertook a follow up inspection on 24 November 2017. The practice is now providing well-led services.

- We reviewed a number of policies and found they were in date and regularly reviewed. The safeguarding policy had been updated to name the organisation's safeguarding lead. During the inspection we identified that the safeguarding policy did not contain any contact numbers to escalate safeguarding concerns to any

safeguarding local authority teams. However, the policy was updated straight away during the inspection to include this contact number. The service also had a fixed meeting agenda item for policy review to ensure policies are reviewed on time.

- Lead roles within the service were clear and displayed in the office. Staff knew who to contact if they had any concerns.
- The service had a system in place to seek and act upon patient feedback. Questionnaires were sent out to patients following a telephone or email consultation to gather feedback. Feedback was reviewed at the monthly quality and governance meetings and we saw that action was taken in response to feedback received. For example, a patient complained about a charge for phoning the service and speaking with a member of the customer service teams. The service offered the patient an apology and a refund was given. The service raised this as a significant event and implemented an extra step in the telephone answering system so patients would only be charged when speaking with a doctor.