

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Anytime Medical Limited

31 Harley Street, London, W1G 9QS

Tel: 08453668524

Date of Inspection: 29 August 2013

Date of Publication:  
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Anytime Medical Limited
Registered Managers	Mr. Jannen Vamadeva Dr. Sarita Vamadeva
Overview of the service	<p>Anytime Medical Limited provides an online private doctor consultation service for people aged 18 years and over. This allows people to obtain a medical consultation and private prescription online.</p> <p>The registered location is an office in central London. However, people using the service would call the call centre or access the service online.</p>
Type of service	Doctors consultation service
Regulated activity	Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Complaints	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

---

### How we carried out this inspection

---

We carried out a visit on 29 August 2013, talked with staff and reviewed information given to us by the provider.

We reviewed the provider's policies, record systems and 2012 survey of people using the service.

---

### What people told us and what we found

---

We were not able to speak to people using this service. People accessed a consultation with doctors using the online system. We saw evidence from the last patient survey results of 2012 which showed that people using the service were satisfied with the service provided with 91% rating Anytime Medical overall as "excellent". No one rated Anytime Medical as "poor".

People were given enough information about the service and were involved in making decisions about what care and treatment they received. In the 2012 survey they reported they found the website easy to use. Medical histories were taken for each person and the doctors could seek more information prior to prescribing. Medication was sent securely by post.

The service had systems in place to ensure that people were protected from the risk of abuse. There were appropriate staff checks prior to commencing employment. People were made aware of the complaints system and were encouraged to give feedback about the service. There was an effective process to manage any complaints.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy was respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

People who use the service understood the care and treatment choices available to them. People found information about the service by using the website. This included prices, the process and the provider's Statement of Purpose. The website explained the services offered and how to access them. The provider undertook a continuing survey of people who had used the service throughout 2012. The responses were analysed in December 2012. 437 patients had completed the questionnaire. Anytime Medical was rated highly with 91% rating the service overall as "excellent". No one rated Anytime Medical as "poor". 82% of respondents found the website either "very easy" or "extremely easy" to use.

People who use the service were given appropriate information and support regarding their care or treatment. People could seek further information by corresponding with the Anytime Medical Limited doctors via their confidential online patient records. The service provided was private and confidential with relevant policies and processes in place to guide staff.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

**Reasons for our judgement**

---

The registered manager described how the service worked. People who wished to use the service for a medical consultation and/or treatment used the online system to complete a registration form. They decided which medical condition they were seeking a consultation for and completed the relevant medical health questionnaire and then submitted this. Treatment was only provided for what the provider had risk assessed as low-risk medical conditions. Examples were erectile dysfunction, hair loss, malaria treatments and sexual health.

A doctor then reviewed the questionnaire and made a diagnosis or recommendation. The doctor could ask the person for further information. People may be asked to send a sample for testing. Tests were undertaken at a CQC registered location and were sent by post. All the medical recording and prescribing then took place within the person's medical record which was saved and was only accessed by the doctor and the patient using password protection. People may ask the doctor questions and receive answers using the message system in the medical record. Anytime Medical Limited also provided an online medical information service. People could view their records at any time.

If a prescription was required this information was available for the person and he or she may choose to select this and purchase the medication which was sent by a UK registered pharmacist by special delivery to the person's house. The medication prescribed was checked by the pharmacist and included information for the person, including what to do if there was an adverse effect from the medication. People may choose to see their own GP or other specialist if they wish. The doctor would recommend that the person seek medical attention from their own GP or an Emergency Department if that was more appropriate.

In the 2012 survey 91% of respondents said they were "satisfied" or "very satisfied" with the speed at which they received their medication. The majority of patients, 92%, found the consultation process to be "extremely easy" or "very easy".

We saw that clinical guidelines were followed, for example the National Institute for Health and Clinical Excellence (NICE) guidelines on treating gonorrhoea and Chlamydia. This ensured that the people were receiving suitable treatment for their condition.

**People should be protected from abuse and staff should respect their human rights**

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

### **Reasons for our judgement**

---

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse. The service was provided for people aged over 18 years. The provider recognised the duty of care to younger people who may try to use the service.

The Anytime Medical Limited doctors were on the General Medical Council's register and were aware of safeguarding issues. People completed a medical history form at every consultation and this was reviewed by a doctor so that if there were signs of abuse this would be identified and acted upon.

Staff understood the need to contact the local authority if they suspected that a person using the service was at risk of abuse. There was a whistleblowing policy which staff were made aware of at induction.



## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. We saw that doctors and IT staff had criminal record bureau (CRB) and now Disclosure and Barring checks prior to commencing employment. All staff had their references checked. The doctors were registered with the General Medical Council and were required to have general practice experience.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

---

People were made aware of the complaints system in the information on the provider's website. The provider kept a log of complaints but we were told that there had been no complaints in the last 12 months. The registered manager assured us that people's complaints would be fully investigated and resolved, where possible, to their satisfaction.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---