

Announced Care Inspection Report 13 September 2016



Expert Health Ltd (t/a Lloyds Pharmacy Online Doctor & Dr Thom)

Type of service: Independent Medical Agency (IMA) Private Doctor (PD)
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Expert Health Ltd took place on 13 September 2016 from 10.00 to 13.30 in the RQIA offices in Belfast. This is an online medical service provided by medical practitioners who are based in England.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A review of documentation and discussion with Ms Amanda Dorkes, acting registered person/manager, Ms Zoe Holland, quality and compliance manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies and infection prevention and control. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms Dorkes, Ms Holland and staff demonstrated that systems and processes were in place to ensure that care provided by the agency was effective. Areas reviewed included clinical records and information provision. No requirements or recommendations have been made.

Is care compassionate?

A review of documentation and discussion with Ms Dorkes, Ms Holland and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the acting registered person's understanding of their role and responsibility in accordance with legislation. Ms Dorkes confirmed she was presently completing the application as registered person and would be submitting it to the RQIA in the near future. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Dorkes, acting registered person/manager and Ms Holland quality and compliance manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization / registered person: Expert Health Ltd (t/a Lloyds Pharmacy Online Doctor & Dr Thom) Ms Amanda Dorkes (acting)	Registered manager: Ms Amanda Dorkes (acting)
Person in charge of the agency at the time of inspection: Ms Amanda Dorkes	Date manager registered: Ms Amanda Dorkes – application not yet submitted
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

3.0 Methods/processes

Questionnaires were provided to staff prior to the inspection by the agency on behalf of the RQIA. A complaints return and a request for supporting documentation were forwarded to the provider prior to the inspection. Ms Dorkes and Ms Holland were requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records, a conference telephone call was made to Ms Dorkes and Ms Holland who were joined for the conference call by three medical practitioners from the medical directorate of the agency. Clarification was sought on a range of issues and feedback was provided on the findings of the inspection.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 August 2015

The most recent inspection of the agency was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 August 2015

As above

4.3 Is care safe?

Staffing

Discussion with Ms Dorkes and Ms Holland and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients. Sixteen medical practitioners are involved in the provision of the Lloyds Pharmacy Online Doctor. Services are also provided using patient group directions (PGDs) through community pharmacies based in Northern Ireland

Induction programme templates were in place relevant to specific roles within the agency.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Ms Dorkes and Ms Holland confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of sixteen private doctors' details confirmed there was evidence of the following:-

- confirmation of identity
- current General Medical Council (GMC) registration

- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Discussion with Ms Dorkes and Ms Holland and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Review of the submitted staffing information and discussion with Ms Dorkes and Ms Holland confirmed that staff have been recruited in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

An electronic copy of the recruitment policy and procedure was forwarded RQIA following inspection. The policy was comprehensive and reflected best practice guidance.

Safeguarding

It was confirmed the independent medical agency (IMA) has arrangements in place to ensure that medical practitioners and other staff have an awareness of actions to be taken should a safeguarding issue arise. Medical practitioners have undertaken level 3 safeguarding training. The agency has carried out a safeguarding audit in March 2016 and any necessary action has been taken.

RQIA forwarded an electronic copy of the guidance Adult Safeguarding Prevention and Protection in Partnership to the agency.

The agency's safeguarding policy and procedure was forwarded by electronic mail following inspection and was found to be in accordance with current guidance.

Management of medical emergencies

It was confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of the actions to be taken in the event of a medical emergency.

Infection prevention control and decontamination procedures

Ms Dorkes and Ms Holland confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and that they adhere to regional guidance.

Staff views

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patient safety is the key driver of all our business aims.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Clinical records

Review of ten redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Ms Dorkes and Ms Holland and review of training records confirmed that appropriate staff have received training in records management. Ms Dorkes and Ms Holland confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

Medical practitioners spoken to demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency’s clinical governance structures.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

The agency is registered with the Information Commissioner’s Office in England.

Review of documentation confirmed that the agency has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The agency also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Ms Dorkes and Ms Holland confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/ concerns.

Information provision

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA private doctor service provided and were in line with GMC Good Medical Practice.

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by telephone.

The Patient Guide is made available on the website.

Information provided to patients is written in plain English.

Discussion with Ms Dorkes and Ms Holland and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

It was confirmed staff meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

Staff views

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement with decision making

Discussion with Ms Dorkes, Ms Holland and the medical practitioners and review of staff questionnaires confirmed that the patient's dignity is respected at all times during the consultation and treatment process.

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

Patients consult via their secure online patient record, in relation to their treatment and are fully involved in decisions regarding their treatment. Discussion with the medical practitioners and review of completed staff questionnaires confirmed patients' wishes are respected and acknowledged by the agency.

Ms Dorkes and Ms Holland confirmed that patient care records are stored securely and are accessible online via secure online patient records systems with restricted access.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The agency carries out an online annual patient survey. A random sample of completed questionnaires from the survey carried out in July 2016 was provided. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received.

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read online on the agency's website. Discussion with Ms Dorkes and Ms Holland confirmed the agency uses the findings to make improvements to services.

Staff views

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- “Doctors will always speak to patients personally if there are any queries and always ensure they are treated with respect and integrity”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the agency and management were able to describe their role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Ms Dorkes is in day to day control of the agency and confirmed she was completing the application as registered person and would be submitting it to RQIA in the near future.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Ms Dorkes demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the agency for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms Dorkes and Ms Holland outlined the process for granting practising privileges and confirmed medical practitioners meet with the clinical director prior to privileges being granted.

Sixteen medical practitioner's details reviewed confirmed that there was a written agreement between each medical practitioner (where appropriate) and the agency setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

The agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Ms Dorkes and Ms Holland confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. There was noted to be a robust audit programme in place. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

The following audits were reviewed:

- safeguarding
- prescribing of norethisterone
- dispensing instructions to pharmacies
- GTN
- acne treatment service
- incident
- phone
- message

The agency devises an annual quality services report and an interim copy was provided, as the full report is not due for completion until the end of the year.

A whistleblowing/raising concerns policy was available.

Ms Dorkes demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Ms Dorkes confirmed the RQIA certificate of registration was up to date.

Observation of insurance documentation confirmed that current insurance policies were in place.

Staff views

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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