

Announced Care Inspection Report 25 January 2019



Expert Health Ltd (trading as Lloyds Pharmacy Online Doctor & Dr Thom)

**Type of Service: Independent Medical Agency (IMA),
Private Doctor (PD)**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Lloyds Pharmacy Online Doctor & Dr Thom is an independent medical agency (IMA) which provides an online private doctor service and offers a patient group direction (PGD) service to community pharmacists in Northern Ireland.

3.0 Service details

Organisation/Registered Provider: Expert Health Ltd (t/a Lloyds Pharmacy Online Doctor & Dr Thom)	Applicant Registered Manager: Dr Kieran Seyan
Applicant Responsible Individual: Mr Andrew Sloman	
Person in charge at the time of inspection: Dr Kieran Seyan	Date manager registered: Dr Kieran Seyan application received - "registration pending".
Categories of care: Independent Medical Agency (IMA) Private Doctor (PD)	

4.0 Inspection summary

An announced inspection took place on 25 January 2019 from 10:00 to 13:40.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Evidence of good practice was evidenced in all four domains. These related to the monitoring and updating of the private doctor's details; staff training and development; the provision of information to patients allowing them to make an informed decision; engagement to enhance the patients' experience; and the application of a community pharmacy audit.

There were no areas of improvement identified during this inspection.

The findings of this report will provide the IMA with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Kieran Seyan, applicant registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 5 September 2017

No further actions were required to be taken following the most recent inspection on 5 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- application to register the registered person
- application to register the manager
- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Returned completed staff questionnaires were analysed following the inspection.

The agency is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs, the inspection was conducted in the offices of RQIA. A request for supporting documentation was forwarded to the provider prior to the inspection. Dr Kieran Seyan, applicant registered manager, was requested to be available for contact via the telephone on 25 January 2019, at an agreed time. Having reviewed the records Dr Seyan was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspectors held discussions with Dr Kieran Seyan, applicant registered manager, the quality and compliance manager, the quality and compliance co-ordinator, the head of research and innovation, and a member of the compliance team.

A sample of records was 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
- patients group directions

The findings of the inspection were provided to Dr Kieran Seyan, applicant registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 September 2017

The most recent inspection of the independent medical agency was an announced care inspection.

6.3 Inspection findings

There were no areas for improvement made as a result of the last care inspection.

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussions demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

It was confirmed that there are induction programme templates 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.

It was 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 the private doctor's 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 General Medical Council (GMC)
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

It was confirmed that the private doctors are aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

A review of the submitted staffing information confirmed that no new private doctors have been recruited since the previous inspection. During discussions it was confirmed that should private doctors be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

There was a recruitment policy and procedure available.

Safeguarding

It was confirmed that the agency only provides services to patients aged 18 and over.

It was confirmed that the agency ensures arrangements are in place to ensure that pharmacists who are providing PGDs have an awareness of actions to be taken should a safeguarding issue arise. All private doctors have undertaken level three safeguarding training.

The agency's safeguarding policies and procedure was provided by electronic mail prior to inspection and was found to be in accordance with current guidance. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child.

Management of medical emergencies

It was confirmed that the agency ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency. It was confirmed that the superintendent pharmacist ensures that pharmacists complete refresher training in basic life support within the last 18 months and this is audited by the regional quality managers.

All private doctors complete refresher training in basic life support annually and this is recorded in the medical professional's log.

It was confirmed that for each PGD there are governance arrangements with clear lines of responsibility and accountability and that PGDs are developed in accordance with The Human Medicines Regulations 2012.

Infection prevention control and decontamination procedures

It was confirmed that the agency ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and adhere to regional guidance. It was confirmed that the superintendent pharmacist ensures that

pharmacists complete refresher training in infection prevention and control annually and this is audited by the regional quality managers.

Areas of good practice

There were examples of good practice found in relation to monitoring and updating the private doctor's details; awareness of recruitment and selection processes; and staff training and development.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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.

It was 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. Staff 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.

Staff 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 type of the agency’s private doctor service provided and was 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 and/or their representatives is written in plain English.

Discussion with staff 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.

Staff confirmed that the clinical team meet weekly and learning from complaints incidents/near misses is effectively disseminated to staff. In addition to the clinical team weekly meetings, there are regular whole team meetings, departmental meetings, weekly compliance team meetings and a weekly clinical journal club.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff confirmed that the patient’s dignity is respected at all times during the consultation and treatment process. Consultations are predominately provided online through the website.

Community pharmacy premises are assessed for suitability for providing PGDs to patients.

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

Patients consult via their secure online patient record which is accessible via the website regarding their treatment and are fully involved in decisions regarding their treatment.

Patients are invited to complete an online patient satisfaction survey and are asked for their comments in relation to the quality of treatment provided, 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.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

There was a clear organisational structure within the agency. As discussed a responsible individual application has been submitted in respect of Mr Andrew Sloman and a registered manager application has been submitted in respect of Dr Kieran Seyan. These applications are currently being processed by RQIA. Dr Seyan confirmed staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. Mr Sloman is in day to day control of the agency.

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 at least 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. Staff demonstrated a good awareness of complaints management.

A system was in place to ensure that notifiable events were investigated. A discussion took place in regards to ensuring that incidents are reported to RQIA in keeping with the statutory notification guidance document. 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.

Dr Seyan outlined the process for granting practising privileges and confirmed the medical practitioner would meet with him prior to privileges being granted.

Review of records confirmed that there was a written agreement between the medical practitioner and the establishment setting out the terms and conditions which had been signed by both parties.

The agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. Dr Seyan confirmed that a system is in place to review practising privileges agreements every two years.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The following audit was reviewed:

- eczema
- chlamydia treatment service
- clinical team prescribing
- patient advisory message
- PGDs

It was agreed that the audits which are completed on PGDs would include those provided by pharmacists in Northern Ireland.

A whistleblowing/raising concerns policy was available.

Dr Seyan demonstrated a clear understanding of his 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.

It was confirmed the RQIA certificate of registration was up to date and displayed in the agency's offices.

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

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

6.9 Staff views

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Returned completed staff questionnaires were analysed following the inspection.

Forty staff submitted questionnaire responses to RQIA. Thirty-five staff indicated they were very satisfied, three indicated they were satisfied and two indicated they were undecided in regards to the delivery of safe care. Thirty-five staff indicated they were very satisfied and five indicated they were satisfied in regards to the delivery of effective care. Thirty-two staff indicated they were very satisfied and eight staff indicated they were satisfied in regards to the delivery of compassionate care. Twenty-nine staff indicated they were very satisfied, eight staff indicated they were satisfied; two indicated they were undecided and one staff member indicated they were unsatisfied in regards to the service being well led. Comments included in submitted questionnaire responses are as follows:

- 'Online Doctor is a unique and innovative service providing excellent high quality patient care with fantastic Safeguarding Level 2 qualified Patient Advisors providing absolutely fantastic first class care.'
- 'There is room for improvement when recruiting new staff.'
- 'I believe we deliver a fantastic service which is patient focused.'
- 'Really passionate working here!'

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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