

Red Label Medical Limited

The Independent Pharmacy

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Independent Pharmacy on 25 April 2017.

The Independent Pharmacy is an online service providing patients with prescriptions for medicines that they can obtain from the provider's registered pharmacy. The service issues prescriptions for an average of 2200 items per month.

We found this service did not provide safe, effective and well-led services in accordance with the relevant regulations. The service provided caring and responsive services in accordance with the relevant regulations.

Our key findings were:

- Patients could access a brief description of the clinicians available.
- Systems were in place to protect personal information about patients. The company was registered with the Information Commissioner's Office.
- There was a basic credit card checking system to check the patient's identification.
- The service did not always share information about treatment with the patient's own GP in line with General Medical Council guidance.
- We found patients being prescribed a range of medicines. There were systems in place to ensure that excessive amounts of medicines were not supplied and prescriptions were not issued if the service had any concerns for the safety of the patients.
- There were no systems to mitigate safety risks including analysing and learning from significant events and safeguarding.
- Appropriate recruitment checks had not been carried out for all staff.
- An induction programme was in place for all staff, and clinicians registered with the service received specific induction training prior to treating patients. Staff, including clinicians, also had access to all policies.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints. However, the complaints policy did not comply with the relevant regulation and there was no evidence that complaints had been monitored over time and learning shared with staff.
- Survey information we reviewed showed that patients were satisfied with the care, treatment and service they received.
- There was a clear business strategy and plans in place.

Summary of findings

- Staff we spoke with were aware of the organisational ethos and philosophy and told us they felt well supported and they could raise any concerns.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.

We identified regulations that were not being met (please see the requirement notices at the end of this report). The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure staff receive training necessary for them to carry out their roles.

- Ensure specified information regarding members of staff are available.

The areas where the provider should make improvements are:

- Ensure their complaints policy is reviewed regularly to ensure it complies with the relevant regulation.
- Ensure safe systems are in place for the diagnosis of sexually transmitted infections.

We found that this practice was not providing care in accordance with the relevant regulations. We have told the provider to take action. (See full details of this action in the requirement notices at the end of this report).

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 not providing safe care in accordance with the relevant regulations.

- Not all recruitment checks had been carried out and the provider could not assure themselves that a clinician had the skills and competence to undertake the role required.
- Not all staff had received safeguarding adults and safeguarding children training at the level appropriate to their role. There was a safeguarding policy in place and staff had access to local authority and clinical commissioning group information if safeguarding referrals were necessary.
- There were no systems in place to meet health and safety legislation and to respond to patient risk. The provider had considered risks to patients and taken actions to mitigate those risks, however these were not clearly recorded and a formal risk assessment had not been undertaken. For example, the service had considered that medicines for the treatment of some long-term conditions, such as asthma, required the patient's GP details so they could inform the patient's own GP if there was a need. We saw the provider had amended their systems to ensure patients provided the details of their own GP when ordering these medicines. However, there were no records of how the risks had been assessed, whether the actions they had taken would mitigate the risks fully and how they would review the actions taken to ensure it was working.
- There were systems in place for identifying and investigating incidents relating to the safety of patients and staff members. However, there was no evidence to demonstrate that incidents or significant events were analysed for trends, and that learning was shared with staff.
- Clinicians had access to patients' previous orders and consultation notes held by the provider. However, clinicians did not have access to the name and address of the patient and any communications between clinicians and the patient were completed by a member of the provider's support team.
- There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office.
- On registering with the service, patient identity was verified through a basic credit card check. The provider recognised that this was not sufficient and would not enable them to fully confirm whether the patient is who they said they were, whether they were male or female and over the age of 18. The provider had commissioned a new system which would check the patient's details against several databases to confirm the identity of the patient and we were told that this system would be implemented within the next seven days.
- In the event of a medical emergency occurring during a consultation, systems were in place to ensure emergency services were directed to the patient. The service had a business contingency plan.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- The provider was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were enough clinicians to meet the current demand of the service.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- The patient's identification was checked at every consultation or when prescriptions were issued. However, this was a basic credit card check and the provider had plans to introduce a more effective system to verify patients' identity.
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Summary of findings

- Consent to care and treatment was sought in line with the provider policy. Patients had to provide the details of their own GP and consent to sharing of information with their own GP for some conditions, such as asthma and hypertension. However, the provider could not demonstrate that staff had received training about the Mental Capacity Act.
- We were told that each clinician assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) evidence based practice.
- The service had arrangements to coordinate care and share information appropriately for example, when patients were referred to other services.
- If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision. The provider also signposted patients to the NHS Choices website to advise them of services that was appropriate and close to the patient.
- The service's web site contained information to help support patients lead healthier lives, and information on healthy living was provided as appropriate.
- There were induction, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment. However, not all staff had received training appropriate to their role.

Are services caring?

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

- We were told that clinicians undertook consultations in a private room for example in their surgery, or own home. The provider held discussions with the clinicians to ensure they were complying with the expected service standards.
- We did not speak to patients directly on the days of the inspection. At the end of every consultation, patients were sent an email asking for their feedback. We reviewed 124 online reviews from patients, of which, 123 were positive about the service. Patients commented on the excellent, fast and professional service they received from the service. The one negative comment related to the patient's order being sent to their home address instead of the delivery address. The provider responded to this comment in a timely manner and took action to resolve the issues identified.
- The provider told us they were committed to ensure patients used only reliable and trustworthy health care services. Therefore, when they could not assist patients, they sent the patient information about the most suitable service to their needs and details of the NHS Choices website so they could access reliable health care services close to their home.

Are services responsive to people's needs?

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

- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. However, the policy did not comply with the relevant current regulation to ensure complaints were handled appropriately. Following the inspection, the provider reviewed their policy to ensure it complied with the relevant regulation.
- There was information available to patients to demonstrate how the service operated.

Summary of findings

- Patients could access the service by phone or e-mail. The provider's website was available 24 hours a day and the service operated between 9am and 5pm, Monday to Friday.
 - The service gathered feedback from patients through an online review website. Where there was negative feedback received, we found that the provider had responded to these in a timely way.
 - The provider also carried out annual surveys and we found that they had analysed trends and actions to improve the service. However, there was no evidence that learning points had been cascaded to staff.
 - Patients could access a brief description of the available clinicians on the provider's website.
 - Staff told us that translation services were not available for patients who did not have English as a first language. The provider's website only had information and application forms in English.
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Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- The governance framework of the service had not ensured systems and processes were in place and embedded in the service to keep patients safe. For example, there was no evidence to demonstrate that significant events and complaints were analysed for trends and that learning were shared with staff to ensure these did not happen again.
 - There were no systems in place to meet health and safety legislation and to respond to patient risk. The provider had considered risks to patients and taken actions to mitigate those risks, however these were not clearly recorded and a formal risk assessment had not been undertaken.
 - The provider held weekly clinical and staff meetings, however, minutes of those meetings were not available to demonstrate the discussions held.
 - Systems were in place to ensure that all patient information was stored and kept confidential.
 - There were business plans and an overarching governance framework to support clinical governance and risk management.
 - There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
 - The service encouraged patient feedback. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.
 - The provider had plans to introduce a new system to improve the patient verification process.
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The Independent Pharmacy

Detailed findings

Background to this inspection

Background

The Independent Pharmacy is the trading name of two companies, ABSM Healthcare Ltd and Red Label Medical Ltd. ABSM Healthcare Ltd operates the organisation's affiliated pharmacy (which does not require registration with the Care Quality Commission) and Red Label Medical Ltd operates the online consultation service. We inspected the online consultation service only at the following address:

Unit 3, Heston House, Emery Road, Bristol, BS4 5PF.

The Independent Pharmacy was established in 2013, and provides an online service that allows patients to request prescriptions through a website which were directed to the pharmacy business which is part of the same legal entity. 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 clinician 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 checked by a pharmacist at the affiliated pharmacy (which we do not regulate) before being dispensed, packed and sent to the patient by secure post.

The service can be accessed through their website, www.theindependentpharmacy.co.uk where patients can place orders for medicines seven days a week. The service is available for patients in the UK only. Patients can access the service by phone or e-mail 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.

The provider employs staff who work on site including one GP, one doctor (who was not a GP), one prescribing pharmacist, dispensing staff and pharmacy technicians. At the time of the inspection, the service had approximately 23,300 patients registered.

Red Label Limited was registered with Care Quality Commission (CQC) on 14 January 2014 and have a registered manager 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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC Inspector, two members of the Medicines Team and a GP Specialist Advisor.

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

During our visits we:

- Spoke with a range of staff including two Directors, a dispenser, the Independent Pharmacist Prescriber, a Doctor and a GP.
- Reviewed organisational documents.
- Reviewed a sample of patient records.

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?

Detailed findings

- 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.

Why we inspected this 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.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety and Security of Patient Information

Systems were in place to ensure that all patient information was stored and kept confidential.

The provider made it clear to patients what the limitations of the service were. There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals. The service was not intended for use by patients with either chronic conditions or as an emergency service. However, patients were able to order medicines for long term conditions if certain criteria were met. In the event an emergency did occur, the provider had systems in place to ensure the location of the patient at the beginning of the consultation was known, so emergency services could be called.

On registering with the service, and before the consultation stage, the patients' identity was checked by a basic credit card check. The provider recognised that this was not sufficient to assure themselves the patient was who they said they were, whether they were male or female or over the age of 18. The provider had commissioned a service from an external provider where patients' details would be verified against several national databases and if the checks failed, patients would be asked to upload a photo ID. At the time of our inspection, this was undergoing testing by the provider and they told us that the system would be fully operational within the next seven days.

Clinicians had access to the patient's previous records held by the service which included past orders and medical history. However, when reviewing consultation forms, clinicians did not have access to the name and address of the patient. These were anonymised by the provider and the clinicians would only be aware of the patient's reference number. The service did not treat children.

Prescribing safety

All medicines prescribed to patients from online forms were monitored by the provider to ensure prescribing was evidence based. If a medicine was deemed necessary following a consultation, the clinicians were able to issue a

private prescription to patients. The clinicians could only prescribe from a set list of medicines that were advertised on their website. There was a system in place to prevent the misuse of medicine.

We asked how the provider ensured that they followed current prescribing guidelines. The doctor told us that the consultation forms on the website were set up in line with best practice guidance, for example National Institute for Health and Care Excellence (NICE) guidance. The consultation forms asked a range of questions about symptoms experienced. There was also a range of frequently asked questions on the website for each medicine.

Once the patient selected the medicine and dosage and this was reviewed by the prescriber, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell. The service prescribed some medicines for unlicensed indications, for example for jet lag and altitude sickness. Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use for a different medical condition is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks. There was clear information on the consultation form to explain that the medicines were being used 'in an unlicensed way, and the patient had to acknowledge that they understood the information. Additional information to guide the patient when and how to take these medicines was provided with the medicine.

The provider issued prescriptions for long term conditions, based on information supplied by the patient to show that they had previously been prescribed the medicine. These prescriptions included medicines for conditions which require regular monitoring. Systems had been put in place to ensure that monitoring had taken place either by this service or by the patient's own GP. If there was no assurance that appropriate monitoring had taken place, the prescription request was declined.

The provider prescribed antibiotics for a small range of conditions. There were strict timeframes in place for the issuing of repeat prescriptions.

The provider had systems in place to monitor medicines which could be overused. For example, the provider

Are services safe?

prescribed medicines for erectile dysfunction and asthma. Patients could only order a set amount within a 12 month period. Clear records were kept on the patient's notes to prevent over ordering of those medicines.

Prescriptions would be dispensed and delivered direct to the patient by the provider's affiliated pharmacy which is regulated by the General Pharmaceutical Council.

Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. However, there was no evidence to demonstrate that incidents or significant events were analysed for trends, and that learning was shared with staff. We reviewed one incident and found that this had been fully investigated and as a result action taken in the form of a change in processes. For example, when a patient contacted the service when they developed an allergic reaction, the provider took steps to contact the patient and advise them to discontinue taking the medicine and to see their own GP as soon as possible. The provider identified several actions to improve, which included updating their website to advise patients on what to do if they develop an allergic reaction and updating their medical emergency protocol.

The provider told us they held clinical meetings and whole staff meetings once a week where incidents and complaints were communicated and discussed with all staff. However, there were no meetings minutes to demonstrate that these had been discussed and changes implemented had been communicated with all staff.

We saw evidence from the one incident which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

We asked how patient safety alerts were dealt with such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), and were told that these were reviewed and prescribers were informed of any that were relevant. We saw evidence that the provider had communicated these via email.

Safeguarding

Not all staff employed at the headquarters had received training in safeguarding and whistleblowing. There was a policy in place which advised staff about the signs of abuse and to whom to report them. Not all the clinicians had received level three child safeguarding training and adult safeguarding training. For example, the doctor and the independent pharmacist prescriber had not received child safeguarding level three or child protection training. There was no evidence that the GP and the doctor had received safeguarding vulnerable adults training. There was a risk that patients who may be vulnerable may not be identified appropriately and subsequent actions not taken. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to. The policies contained contact information for the local authorities and clinical commissioning groups.

Staffing and Recruitment

At the time of our inspection, there were enough staff, including clinicians, to meet the demands for the service. There was a support team available to the clinicians during consultations.

The provider had a selection process in place for the recruitment of all staff. However, we found that required recruitment checks had not been carried out for all staff prior to commencing employment. We reviewed four recruitment files which showed that the necessary documentation was not available. For example, there were no records of an application form or curriculum vitae, interview summary and full employment history including written explanation for gaps in employment for the three clinicians and one member of the dispensing team. Following the inspection, the provider informed us that they had engaged an external human resources contractor to develop and improve their recruitment process.

The provider had a system in place that flagged up when any documentation was due for renewal such as their professional registration, indemnity insurance and 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). These were stored on the provider's electronic system and used calendar reminders to flag up when they required those documents to be updated. The clinicians could not be registered to start any consultations until these checks and induction training had been completed.

Are services safe?

Potential prescribers had to be registered with professional bodies such as the General Medical Council (GMC) or the General Pharmaceutical Council (GPhC). The GP was on the GMC GP register, and the other doctor was neither on the Specialist or GP register but was registered with the GMC with a licence to practise. The Independent Pharmacist prescriber was registered with the GPhC. Those clinicians that met the specifications of the service then had to provide documents including their medical indemnity insurance, proof of registration with the relevant professional body, proof of their qualifications. However, the provider did not always hold copies of safeguarding training for clinicians. We found the provider only had a copy of the safeguarding adult training for the Independent Pharmacist Prescriber.

Monitoring health & safety and responding to risks

One of the pharmacists carried out checks on approved consultations and prescriptions to ensure they were appropriate. Any issues were recorded and discussed with the clinical lead. We saw evidence that improvements in relation to consultation and prescribing were identified and

actions taken as result. For example, the provider identified that when patients requested oral antibiotics for the treatment of acne, the prescriber should ensure that the patient has tried an acne topical ointment or gel before taking oral antibiotics in line with current evidence based practice. The provider had amended their consultation form for acne to request details of previous treatment from the patient.

The provider headquarters was located within a purpose built industrial unit, housing the IT system, management and administration staff. Patients are not treated on the premises and clinicians carried out the online consultations remotely usually from their homes. Administration staff had received in house induction in health and safety including fire safety. However, we noted staff had not received any formal training in health and safety or fire safety.

The provider expected that all clinicians would conduct consultations in private and maintain the patient's confidentiality. Each clinician used their laptop to log into the operating system, which was a secure programme.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Consent to care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation and medicine was known in advance and paid for before the consultation appointment commenced.

There was no evidence to demonstrate that clinicians had received training about the Mental Capacity Act 2005 and we were told that staff at the service had not received this training. The Directors of the company recognised the importance of this training and told us they would be arranging this training for all staff as soon as possible. However, we saw staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Assessment and treatment

We reviewed 11 examples of medical records and found that care was being delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, repeated requests for asthma inhalers, painkillers and medicines to treat erectile dysfunction were dealt with appropriately.

We were told that each online consultation lasted between three to four minutes and complex cases may last between seven to eight minutes. Clinicians reviewing the online consultation form were not given the name or patient identifiable information of the patient. Clinicians had access to the patient's reference number and past medical history and past orders.

If the clinician had not reached a satisfactory conclusion there was a system in place where they could request for the support team to contact the patient to obtain additional information.

Patients completed an online form which included their past medical history. There was a set template to complete

for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. From the medical records we reviewed we saw they were complete records and adequate notes were recorded. The clinician had access to all previous notes.

The clinicians providing the service were aware of both the strengths (speed, convenience, choice of time) and the limitations (inability to perform physical examination) of working remotely from patients. They worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, this was adequately explained to the patient and a record kept of the decision. Patients were directed to the NHS Choices website so they could access the service most appropriate to their needs and nearer to their home address.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. For example, one of the pharmacists (who was also one of the directors of the company) reviewed approved consultations and prescriptions to ensure they were appropriate. Any resulting issues were discussed with the clinical lead and actions to improve prescribing were monitored and recorded.

Coordinating patient care and information sharing

The provider requested information from the patient about their GP for a limited number of long term conditions (asthma, hypertension, high cholesterol and hormone replacement therapy). If the patient did not supply the details the medicines were not provided. At present they were not informing the patient's GP of any action taken, but they recognised the importance of this and had implemented systems to enable them to inform the patient's own GP in the future. They were looking at ways in which these could be addressed.

Patients who needed further screening or tests were either sent a test kit or referred to their own GP. For example, chlamydia test kits were sent to the patient by post with instructions on how to obtain a sample for testing. The patient would then send the sample in the enclosed pre-paid envelope to a laboratory. The result was then sent back to the provider who shared the information with the patient either via e-mail or over the phone.

Are services effective?

(for example, treatment is effective)

The service monitored the appropriateness of referrals/ follow ups from test results to improve patient outcomes. For example, patients requesting testosterone supplements were sent a test kit for a blood sample. Once treatment had commenced, the provider followed up the patients and requested a further blood test within three weeks, six months, then annually to monitor the patient's blood levels.

Management, monitoring and improving outcomes for people

We asked to see examples of quality improvement activity, for example clinical audits. The provider had undertaken an audit where they had implemented improvement action. For example, following an audit on genital warts, the provider had carried out an audit focussing on the appropriate diagnosis and management of genital warts. Following this audit the provider introduced a more effective system in order to help patients to more accurately identify genital warts. However, due to the complexities of effectively diagnosing sexually transmitted infections remotely, the provider should ensure safe systems are in place for the diagnosis of those infections.

The prescribers told us that each prescription was considered individually and that they did not audit their prescribing overall, but clinical meetings took place regularly where prescribing decisions were discussed. This meant that the provider did not undertake a systematic review of prescribing patterns against best practice standards and did not have a process for identifying improvements.

We were told that patients had the opportunity to rate the service on an online system called "Trustpilot" which is an open system provided by a third party supplier. The service also carried out annual surveys to gather feedback from patients. From the last survey undertaken between 15 April 2016 and 16 April 2016, 48 of 53 patients said that the treatment they received was effective at treating their medical condition.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and had a range of information available on the website. For example, the provider had a section on their website for a range of health advice on topics such as smoking cessation, safe sex and diet.

Where the provider could not assist a patient, they directed them to their own GP or the NHS Choices website for services that may be more appropriate for the patient.

Staff training

All staff had to complete an induction which consisted of fire safety, first aid and moving and handling which was offered in house. However, we found that there was not a schedule of training and staff had not completed formal training in fire safety, first aid, Mental Capacity Act, whistleblowing and safeguarding training to the level appropriate to their role.

The clinicians registered with the service had to receive specific induction training prior to treating patients. An induction log was held in each staff file and signed off when completed. Supporting material was available, for example, a staff handbook, how the IT system worked and aims of the consultation process.

Administration staff received annual performance reviews. All the clinicians had to have received their own appraisals before being considered eligible at recruitment stage. There were systems in place to monitor when staff was due to have their appraisal. We saw that the GP had discussed the provision of online consultation at their last appraisal. The doctor had not discussed online consultation in their last appraisal as they started this work after they had received their appraisal.

Are services caring?

Our findings

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

Compassion, dignity and respect

We were told that the clinicians undertook consultations in a private room usually in their home and were not to be disturbed at any time during their working time.

We did not speak to patients during the inspection; however, we reviewed the latest survey information. We were told that patients had the opportunity to rate the service on an online system called “Trustpilot” which was an open system provided by a third party supplier. At the end of every consultation, patients were sent an email asking for their feedback. The provider had received 2020 reviews as at 18 April 2017 and was rated as excellent with a score of 9.8 out of 10. We reviewed 124 reviews that the provider had received between 2 April 2017 and 18 April 2017. One hundred and twenty-three of those reviews were positive about the service received. One of those reviews related to the patient order being sent to the wrong address. We found the provider investigated this and responded to the patient appropriately.

The provider also undertook annual patient surveys. Patients were e-mailed detailed of the survey between 15 April 2016 and 16 April 2016 where patients were asked a range of questions including, how they would rate the quality of the service, how satisfied were they with the communication with the provider, how likely they would recommend the service to their friends or families and changes patients would suggest the provider make. Out of 53 patients, 92% of patients rated the service with a score of seven and above when asked how likely they would recommend the service to their friends or family.

Involvement in decisions about care and treatment

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries.

Patients had access to information about the clinicians available.

The latest survey information available from April 2016 showed that 51 out of 53 patients indicated that they received enough information about their treatment before and after their purchase.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The service can be accessed through the provider's website, www.theindependentpharmacy.co.uk where patients can place orders for medicines seven days a week. The service was available for patients in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if appropriate to contact their own GP or NHS 111.

Patients selected the treatment or medicines they required, filled in a consultation form and paid for the cost of the medicines and the consultation. The consultation form was then reviewed by a clinician, and once approved, a prescription was issued. Where the clinicians required further information before approving the consultation form, they would send a request to the provider to contact the patient to gain additional information. We were told that the clinicians did not communicate with the patient directly and any communication between the clinicians and the patients were fulfilled by the provider's support team who had access to the patient's details.

The provider undertook annual surveys to gain feedback from patients. Patients were e-mailed a link to the survey which asked several questions about the patient's experience when using the service. We saw the provider had analysed results from the last survey in 2016 and had taken actions to make improvements where these were identified. For example, a patient fed back that the provider's website did not load properly on their mobile phone. The provider had improved their website to enable mobile friendly access for patients who prefer to access the website through their mobile phone.

Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Patients could access a brief description of the clinicians available.

Staff told us that translation services were not available for patients who did not have English as a first language. The provider's website only had information and application forms in English. The provider told us they had considered translation services, however, were working on sourcing a reliable and trustworthy translation service.

Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use. However, the policy did not comply with the relevant current regulation to ensure complaints were handled appropriately. The complaints policy was not clear whether verbal complaints that have been resolved needed to be recorded. It also did not ensure that when things went wrong, the provider would be open and transparent with the patient about what happened and any improvements made. Although the complaints policy did not support the Duty of Candour, we saw the provider had culture and understanding 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). Following the inspection, the provider sent us a copy of their complaints policy which they had reviewed to ensure it complied with the relevant regulation.

We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed five complaints out of 16 received in the past 12 months and found that these have been handled with transparency, openness and in a timely way. For example, when a patient complained that they paid for express next day delivery and their order did not arrive until three days later, the provider investigated the reasons for the delay, provided the patient with an apology and refunded the full delivery charge to the patient. However, there was no evidence that complaints were monitored over time and that learning points had been cascaded to staff.

Are services well-led?

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

Our findings

We found that this service was not providing well led services in accordance with the relevant regulations.

Business Strategy and Governance arrangements

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. We reviewed business plans that covered the next year. The business plan included improvements to the service such as improving the way patients were identified, and completing a full review of current clinical guidelines.

There was a clear organisational structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff. These were reviewed and updated when necessary. However, we found that the complaints policy did not support the current relevant regulation for dealing with and handling of complaints. We found the provider did not always follow their policies. This is in respect of recruitment and ensuring that the necessary checks had been carried out and documentation retained in the staff folder.

There were a variety of checks in place to monitor the performance of the service. These included random spot checks for consultations. We were told that the information from these checks were discussed at weekly clinical meetings and team meetings. However, those meetings were not minuted and therefore, the provider could not demonstrate that learning from issues, complaints and significant events were discussed and shared with staff.

There were no systems in place to meet health and safety legislation and to respond to patient risk. The provider had considered risks to patients and taken actions to mitigate those risks, however these were not clearly recorded and a formal risk assessment had not been undertaken.

Care and treatment records were complete, legible and accurate, and securely kept.

Leadership, values and culture

The Clinical lead and the two Directors had responsibility for any medical issues arising. There were arrangements in place to cover absences and leave.

The service had an open and transparent culture. We were told that if there were unexpected or unintended safety

incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. Although the complaints policy did not support the Duty of Candour, we saw the provider had culture of openness and understanding 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). This was supported by a specific Duty of Candour policy.

Safety and Security of Patient Information

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

Seeking and acting on feedback from patients and staff

Patients had the opportunity to rate the service on an online system called "Trustpilot" which was an open system provided by a third party supplier. At the end of every consultation, patients were sent an email asking for their feedback. Patient feedback was published on the service's website. The provider also undertook annual surveys to gain feedback from patients. Patients were e-mailed a link to the survey which asked several questions about the patient's experience when using the service. We saw the provider had analysed results from the last survey in 2016 and had taken actions to make improvements where these were identified. For example, a patient fed back that the provider's website did not load properly on their mobile phone. The provider had improved their website to enable mobile friendly access for patients who prefer to access the website through their mobile phone.

There was evidence that the clinicians were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. The two directors were the named people for dealing with any issues raised under whistleblowing. However, we found that staff had not received the appropriate training in whistleblowing.

Are services well-led?

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

Continuous Improvement

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

The provider had plans to introduce a new system to improve the patient verification process. They were also looking at ways to improve clinical decision making when prescribing medicines for patients.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. However, as the management team and IT teams worked together at the headquarters there was ongoing discussions at all times about service provision.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. For example, following an audit on genital warts, the provider had carried out an audit focussing on the appropriate diagnosis and management of genital warts. Following this audit the provider introduced a more effective system in order to help patients to more accurately identify genital warts.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not ensured there were systems in place to assess risks and that actions to mitigate those risks were clearly recorded. For example, patient's own GP were not always informed of the treatment the patient had requested from the provider.• The provider did not ensure that safety incidents including significant events and complaints were analysed for trends, learning points identified and shared with all staff. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.:</p>

Requirement notices

Staffing

1. Persons employed by the service provider in the provision of a regulated activity must-

(a) Receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

How the regulation was not being met:

- The registered person did not ensure staff received safeguarding vulnerable adults and safeguarding children training appropriate to their role, Mental Capacity Act, whistleblowing and fire safety training.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fit and proper persons employed

19- (3) The following information must be available in relation to each such person employed—

- (a) the information specified in Schedule 3, and
- (b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

This section is primarily information for the provider

Requirement notices

- The registered person had not requested nor retained the information specified in Schedule 3. For example, there were no records of an application form or curriculum vitae, interview summary and full employment history including written explanation for gaps in employment for the three clinicians and one member of the dispensing team.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.