

# Frommars

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

## This service is rated as **Good overall**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Frommars on 07 March 2022. The service is registered with CQC under the Health and Social Care Act 2008 to provide treatment of disease and disorder or injury.

Frommars provides an online prescribing service to patients aged 18 years and over. The service has a narrow range of treatments for conditions such as erectile dysfunction, genital herpes, hair loss, acne and cold sores. Patients wishing to use the service access it via their website. Patients complete a questionnaire consultation relating to their medical history and the medicines they were requesting. They are also required to provide information to verify their identity. The Pharmacist Independent Prescriber will review the request based on the responses to the consultation. Once approved, the pharmacist will check the prescription and process the request for delivery. Deliveries are through a secure courier service.

The Superintendent Pharmacist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There was an effective system in place for safe prescribing.
- Risks to patients were always assessed and well managed, including those relating to ID checks for patients and suitability to access the online service.
- The service had policies and procedures to govern activity.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider **should** make improvements are:

- Continue to review how consent to share information with a patient's GP could be obtained more readily.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who visited the site. The team included a CQC Inspection medicines team member who joined the inspection remotely.

## Background to Frommars

Frommars

209b Chipstead Valley Road

Coulsdon

Surrey

CR5 3BR

Frommars provides an online prescribing service to patients aged 18 years and over. The service has a narrow range of treatments for conditions such as erectile dysfunction, genital herpes, hair loss, acne and cold sores.

Online services can be accessed from the service website:

[www.frommars.com](http://www.frommars.com)

Patients wishing to use the service access it via their website at any time.

Staff at the service included ,the Superintendent Pharmacist ,an Independent Prescriber (PIP) and a Pharmacist. The Pharmacist Independent Prescriber (PIP) was the only prescriber. The service had previously employed a Doctor. However, currently they were only being used as a peer reviewer for the Independent Prescriber but were not an employee of the service.

### How we inspected this service

- During the site visit, we spoke with the Registered Manager and the other two team members.
- We looked at records related to patient assessments and the provision of care and treatment.
- Reviewed personnel files, service policies and procedures and other records concerned with running the service.

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?

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.

# Are services safe?

## We rated safe as Good because:

### Keeping people safe and safeguarded from abuse

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse. All staff had access to the safeguarding policies and where to report a safeguarding concern.

The service did not treat children. However, they had safeguards in place to ensure patients who used the service were over 18 years.

### Monitoring health & safety and responding to risks

The provider headquarters was located within an office which housed the IT system and was used to work from. Patients were not treated on the premises as the prescriber carried out the online consultations remotely. Staff based in the premises had received training in health and safety including fire safety. There were arrangements for planning and monitoring the availability of prescribing staff.

The provider expected that the prescriber would conduct consultations in private and maintain patient confidentiality. Each staff had an encrypted, password secure laptop to log into the operating system, which was a secure programme.

There were processes in place to manage any emerging medical issues during a consultation. The service was not intended for use by patients with either long term conditions or as an emergency service. Staff understood their responsibilities to identify emergencies and to recognise those patients who required to be re- directed to other services.

There were appropriate indemnity arrangements in place.

### Staffing and Recruitment

There were enough staff to meet the demands for the service .There was a support team available to the Independent Prescriber during consultations and a separate IT team.

The provider had a selection and recruitment process in place for all staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring service (DBS) checks. (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).We reviewed two recruitment files which showed the necessary documentation was available.

There were appropriate indemnity arrangements in place.

### Prescribing safety

A limited range of medicines directly relating to men's health and skin conditions was prescribed. Patients requested medicines via a consultation template which asked relevant questions about their medical history, current medication, allergies and lifestyle. The template encouraged free text to enable patients to add information to support the consultation. The system flagged to the prescriber if answers had been changed or if the patient had previously requested medicines.

# Are services safe?

The prescriber contacted the patient by telephone if they had any concerns. If they were unable to prescribe, they explained to the patient and signposted them to other services. The safeguards they had on the system ensured the prescriber was aware of any anomalies in patients' ordering; however, the service had taken the decision not to prescribe controlled drugs or medicines liable to abuse.

Prescriptions were supplied to the service's own pharmacy which sent out the medicines to patients in discreet packaging. Patient information leaflets, instructions for use and cautions were included with all medicines.

## Information to deliver safe care and treatment

Patients' identity was verified using two forms of ID. Prescribers used patient supplied information to decide on safe treatment and could contact patients to obtain or verify information. Patients were asked to consent to sharing information with their GP. However, in practice patients rarely agreed. Individual care records were written and managed in a way that kept patients safe. The service used templates for the various conditions which had been updated based on a patient questionnaires and analysis.

The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Management and learning from safety incidents and alerts

The service had a system to review safety alerts and changes to clinical guidance. Any important alerts would be actioned immediately. However, nonrelevant to the service had been issued. Updated clinical guidance was discussed at the quarterly clinical meetings. Incidents were recorded and discussed, actions were noted and followed up. For example, when a supply was requested to be sent overseas, all staff were reminded that medicines should not be supplied outside the UK.

The service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

# Are services effective?

**We rated effective as Good because:**

## **Assessment and treatment**

Patients were assessed by the prescriber after they had completed an online form. Where there was insufficient information to support the decision, the patient was contacted by phone or email. The online template asked questions in line with safe prescribing and clinical guidance; including previous diagnoses, medications, allergies and symptoms.

A blood test was requested after 12 months of a medicine prescribed for long term use. Patients who did not supply appropriate blood test results were unable to obtain further supplies. Where prescribers were unable to prescribe this was recorded in the notes with the reasons.

The prescribers 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 service.

The service monitored prescribing and carried out peer review with another prescriber. Prescribing decisions and records were reviewed, and any improvements highlighted. A recent review had noted that the time and date the prescriber had logged into the system was not available and to correct this improvement were being made to the system.

## **Quality improvement**

The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. Examples, of audits carried out that resulted in improvements in care included those relating to ,prescribing, Information technology systems safety and ID checks.

## **Staff training**

All staff were appropriately qualified. All three staff were registered with the General Pharmaceutical Council (GPhC) and were up to date with revalidation.

The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

Before providing treatment, prescribers ensured they had adequate knowledge of the patient's health and their medicines history. All patients were asked for consent to share details of any medicines prescribed with their registered GP on each occasion they used the service. If consent was obtained a letter would be sent to the GP at the time of dispensing. The provider had risk assessed the treatments they offered and only supplied a small range of medicines for men's health.

## **Supporting patients to live healthier lives**

# Are services effective?

The service sent information leaflets for relevant health conditions when they sent the requested medication as part of health promotion. The website for the service also offered patients information about relevant conditions and treatments. This included lifestyle advice and frequently asked questions.

Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services caring?

## **Compassion, dignity and respect**

We were told that the Independent Prescriber undertook online/telephone consultations in a private room and were not to be disturbed at any time during their working time. The provider carried out random spot checks to ensure the prescriber was complying with the expected service standards and communicating appropriately with patients.

## **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 working for the service. Information on the providers website explained how patients could access care. Patients completed a questionnaire that was reviewed by dedicated staff. In some instances, a further telephone call was made to the patient for further discussion about suitability of the treatment requested.



# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting patients' needs**

The provider understood the needs of their patients and improved services in response to those needs. The provider made it clear to patients what the limitations of the service were. The online facilities were appropriate for the services delivered. All information about how to access the service was available on the website. The service had an option for patients to place requests over the phone for patients unable to use the internet. Waiting times, delays and cancellations were minimal and managed appropriately. The service had one clinician who reviewed the online requests and they could access the information from anywhere using a secure portable device. This meant delays were minimal.

## **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.

## **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.

Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed two complaints out of four received in the past 12 months.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and had been communicated to staff.

# Are services well-led?

## 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. 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.

There were a variety of checks in place to monitor the performance of the service. These included random spot checks for consultations. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

## Leadership, values and culture

The registered manager had responsibility for any issues arising. There were systems in place to address any absence of the leader of the service.

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. This was supported by an operational policy.

## Safety and Security of Patient Information

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

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 provider 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

The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation). The registered manager was the named person for dealing with any issues raised under whistleblowing.

## 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. Currently the service was looking at ways to increase the platforms used to provide feedback by patients.

# Are services well-led?

We saw from minutes of staff meetings where previous interactions and consultations were discussed.