

# Truepill Manchester

## Inspection report

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Date of inspection visit: 02 September 2021  
Date of publication: 16/09/2021

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 provider registered in December 2020 and this was the first inspection of the service under its new registration with CQC.

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 inspection at Truepill Manchester on 2 September 2021. This inspection was part of the CQC inspection programme to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Patients register for the service on the provider's website, select the medicines they require, complete an online consultation form which is reviewed by an appropriate clinician, and if approved, they send the medicines to the patient.

## **Our key findings were:**

- The provider had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- Patient identity checks were in place including higher level checking where the provider determined this was necessary.
- There were systems to monitor overuse or potential misuse of medicines.
- The provider reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider did not prescribe high risk medicines or controlled drugs. Their prescribing was for birth control and morning after medicines in line with their regulated activity. They also prescribe for menopause treatments and for antibacterials.
- All patient data was encrypted and securely stored.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback highlighted high levels of satisfaction.
- Patients could access care and treatment from the provider within an appropriate timescale for their needs.
- Information about the provider and how to raise concerns was available.
- There was a strong focus on innovation, continuous learning and improvement at all levels of the organisation.

## **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 and included a medicines inspector.

## Background to Truepill Manchester

Truepill Manchester is based in Old Trafford, Manchester. Truepill Manchester registered as a provider in December 2020. They are registered for the regulated activity of Treatment of disease, disorder or injury for adults of the ages 18 to 65. Truepill Manchester also provide pharmacy and NHS Prescription services, which are not regulated by CQC and do not fall into the scope of this inspection. These services are regulated by the General Pharmaceutical Council (GPhC).

Truepill Ltd is an independent healthcare provider, currently operating as an online community pharmacy registered with the General Pharmaceutical Council. Truepill Ltd also provides an additional service to patients by providing online services, including medication prescribing and dispensing (if required) for a set number of medical treatments.

The principal members of the organisation are the Managing Director (also the registered manager), the medical director and superintendent pharmacist. There are also three independent pharmacy prescribers to support the delivery of services.

The information for patients can be accessed via the websites ([www.truepill.co.uk](http://www.truepill.co.uk), [www.helloeve.co](http://www.helloeve.co)) or they can be provided with a hard copy. The provider can be accessed through their websites where patients can place orders for medicines seven days a week. The provider is available for patients in the UK. Patients can access the provider by telephone from 9am to 6pm, Monday to Friday. They are not an emergency provider. Subscribers to the provider pay for their medicines when making their on-line application.

The provider has a registered manager in place. A registered manager is a person who is registered with the CQC to manage the service. 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

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the Registered Manager, Medical Director, Superintendent Pharmacist, an independent pharmacy prescriber and the Product Manager.

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:**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There was an onsite dispensary where suitable medicines were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

- Patient records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.

## **Prescribing Safety**

**The service had reliable systems for appropriate and safe handling of medicines.**

- All medicines were prescribed by an independent pharmacist prescriber following review of an on-line consultation form. We interviewed a prescriber and looked at two patient records. We spoke to the medical director and asked about clinical supervision. We looked at the clinical audits that the provider had carried out to ensure prescribing was safe.

# Are services safe?

- We found that any prescribing was as a result of appropriate assessment and a follow up telephone conversation to the patient was made where necessary. We were told of one occasion when such a call resulted in the prescriber making a safeguarding referral. Prescribing was evidence based and in line with national guidelines. A limited list of medicines could be prescribed. We saw measures were in place to monitor over ordering and duplicate accounts. Repeat prescriptions were only issued after a full clinical review.
- The provider had a policy of requesting consent to share information with the patient's GP. If consent was withheld and there were safety concerns the prescription request was refused.
- Medicines were sent to patients' homes using a secure delivery system which required evidence of receipt. Medicines were only despatched to addresses within the UK.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned from and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a patient was unable to verify their identity or age. Their order was rejected, and they were advised to see their GP or visit a sexual health clinic. This was discussed in a clinical governance meeting to share learning from this incident.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The Superintendent Pharmacist was the single point of contact for alerts and there was an effective mechanism in place to disseminate alerts to all members of the team if necessary.

# Are services effective?

## **We rated effective as Good because:**

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- There were satisfactory arrangements in place to deal with repeat patients and medical history was updated accordingly.

## **Monitoring care and treatment**

### **The service was involved in quality improvement activity.**

- 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. There was clear evidence of action to resolve concerns and improve quality.
- The provider had an audit programme in place. These were robust and the results of them helped shape the way the provider delivered services. For example, there were several emergency pill rejection audits undertaken and 100 percent of patient treatment rejections had a documented reason and this standard was derived in accordance with GMC guidance.

## **Effective staffing**

### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which included human resources and health and safety processes, right to work checks and training.
- The provider understood the learning needs of staff and provided protected time and training to meet them. There was a comprehensive training matrix in place that detailed what training staff need to undertake subject to their role in the organisation. 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**

### **Staff worked, and worked well with other organisations, to deliver effective care and treatment.**

- Before prescribing, the prescribers at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- The service monitored the process for seeking consent appropriately.

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

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice and there was comprehensive advice available on the provider's websites.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

# Are services effective?

## **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- The organisation was in the process of ensuring its webpages complied with the standards of the recommended version of the Web Content Accessibility Guidelines (WCAG). Truepill acknowledged that this was work in progress. In order to ensure no user was disadvantaged while this work was carried out, the company intended to respond to all requests for assistance with accessibility by either altering the necessary content as soon as possible, or, if requested, by providing the information in an alternative format at no cost within a reasonable timeframe. The company would make reasonable adjustments to ensure specific individual needs that could not be addressed by mainstreamed adjustments were met.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- The provider ensured complete confidentiality for any patient under consultation. All patient records were stored online. All computerised systems were username and password protected by medical software designed for use in a clinical environment. Medical records were strictly protected and destroyed in accordance with recommended guidelines.
- Consultations were completed online, and subsequent prescribing and dispensing were undertaken by the provider.



# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.**

- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others in accordance with their diversity and access policy.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- 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.
- The service had a complaint policy and procedures in place.

All formal complaints were reported to the registered manager. Any verbal concerns were logged and discussed at governance meetings. Any learning points or changes in service or practice were communicated to staff members by email. This was to identify any potential areas for improvement and provide a written log of all complaints for review by any external agencies

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. We saw evidence that the service had plans to employ a GP prescriber to enhance the clinical team.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.
- Truepill Ltd wanted to continue to invest in providing safe, compliant services to its patients. They continued to invest in their technology platform, but always put patient safety first.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

## **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Governance meetings were regularly held and minutes from the meetings recorded.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- 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 service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

- Patient feedback was generally positive and included favourable comments on the delivery speed and good communication. Some patients did comment that reordering could be simplified and a subscription service could be set up.
- Positive comments included that the provider really works hard to make sure the right product is going to the customer and a very quick service. There were also comments that staff were friendly and efficient, and they always know what the patient needs based on many factors and thorough questions on health.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider continuously reviewed and improved their policies and procedures with the aim of Truepill Ltd becoming a leader on safe online health services.