

Frosts Pharmacy Ltd

# Oxford Online Pharmacy

## Inspection report

Unit 7, Apollo Office Park  
Ironstone Lane  
Wroxton  
Banbury  
Oxfordshire  
OX15 6AY

Tel: 01295268925

Website: [www.oxfordonlinepharmacy.co.uk](http://www.oxfordonlinepharmacy.co.uk)

Date of inspection visit: 12 June 2017

Date of publication: 28/07/2017

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oxford Online Pharmacy on 24 January 2017. We found the service was not providing Safe, Effective and Well-led services in accordance with the relevant regulations. However, we found they were providing Caring and Responsive services in accordance with the relevant regulations.

Following the 24 January 2017 inspection, we served two warning notices to the provider on the 20 February 2017 under Section 29 of the Health and Social Care Act 2008 which required the provider to become compliant by 3 April 2017. The full comprehensive report on the 24 January 2017 inspection can be found by selecting the 'all reports' link for Frosts Pharmacy Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

When we inspected the service in January 2017, we found that the provider had not updated their registration with regards to the address of the location where they were providing the regulated activities. The provider has since taken action to update the details of their registration and this has now been completed.

This inspection was an announced focused inspection carried out on 12 June 2017 to confirm that the provider had carried out their plan to meet the legal requirements

in relation to the breaches in regulations that we identified in our previous inspection in January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

### Our key findings were:

- The provider had introduced a system to record, assess and manage significant events and incidents.
- Prescribing decisions were documented and made appropriately, based on medical history and made in line with risk assessed national guidance and best practice.
- The provider had introduced a new system to check patients' identity and ensured that the system was consistently applied.
- Systems to manage and treat medical conditions had been reviewed and improved.
- Systems had been introduced to assist patients in the event of a medical emergency during consultation.
- Consent to care and treatment was sought in line with legislation and guidance and recorded.
- All staff had received training relating to the Mental Capacity Act 2005, health and safety and fire training.
- The provider had reviewed its systems and processes in relation to recruitment checks to ensure this was in line with legislation.

# Summary of findings

- Systems and processes had been introduced to ensure the effective governance of the service.
- The provider had ensured regular team meetings and clinical meetings were held and minutes from those meetings were documented and made available to all staff.
- Learning from complaints and feedback were shared with all staff.

We found the provider had taken actions to make improvements and were now providing safe, effective and well-led services in accordance with the relevant regulations.

**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 providing safe care in accordance with the relevant regulations.

- The provider had commissioned a service which checked patients' details against several database such as the electoral roll and credit reference agencies. If patients failed this part of the identity check, they were asked to provide photo identification and a proof of address.
- There were enough clinicians/GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- The provider had introduced systems to ensure emergency services were directed to the patient in the event of a medical emergency occurring during a consultation.
- Prescribing was constantly monitored and all consultations were monitored for any risks.
- The provider had improved their systems to manage and treat medical conditions. This included a final check that processes had been appropriately followed by clinicians before sending the prescription to the associated pharmacy for dispensing.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

### **Are services effective?**

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

- Each GP 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 a programme of ongoing quality improvement activity. For example, the provider had employed a quality assurance pharmacist to undertake clinical audits and to monitor quality improvement activities.
- Systems had been introduced to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in lines with legislation and guidance and clearly recorded.

### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The overarching governance framework to support clinical governance and risk management had been reviewed and actions taken to improve the service.
- The governance framework of the service had ensured that systems and processes were in place and were continuously monitored and improved.
- There was a systemic approach to risks management and quality improvement.
- Meetings were held regularly and minutes were recorded.

# Oxford Online Pharmacy

## Detailed findings

### Background to this inspection

Oxford Online Pharmacy is based in Banbury in Oxfordshire. The provider, Frosts Pharmacy Ltd, set up this online service in October 2012 which includes consultation with a GP. The provider moved the online part of the service to an industrial unit in October 2016. We did not inspect the provider's affiliated pharmacy. We inspected the online service which is known as Oxford Online Pharmacy at the following address:

Unit 7, Apollo Office Park, Ironstone lane, Wroxton, Banbury, OX15 6AY.

Oxford Online Pharmacy provides an online primary care consultation service and medicines ordering service. Patients register for the service on the provider's website, select the medicines they want, complete an online consultation form which is reviewed by a clinician, and if approved, the affiliated pharmacy (which we do not regulate) sends the medicines to the patient by secure post.

Clinicians working for the provider are contracted through an external organisation. Those clinicians who have been deemed suitable to work for the service are given a personal identification number to log on to the provider operating system to review, request additional information approve or reject patients' request for medicines.

The service can be accessed through their website, [www.oxfordonlinepharmacy.co.uk](http://www.oxfordonlinepharmacy.co.uk) where patients can place orders for medicines seven days a week. The service is available for patients in the UK and in the EU. Patients can access the service by phone or e-mail from 9am to 5.30pm, Monday to Friday and 9am to 1pm on Saturdays.

This is not an emergency service. Subscribers to the service pay for their medicines when making their on-line application. Once approved by the prescriber, medicines are dispensed, packed and posted; they are delivered by Royal Mail tracked parcel delivery service.

Frosts Pharmacy Ltd was registered with Care Quality Commission (CQC) on 23 January 2015 and has a registered manager in place. A registered manager is a person who is registered with the CQC 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. At the time of our inspection, the provider was in the process of updating their registration to reflect their new address.

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

During our visit we:

- Spoke with a range of staff including the Managing Director, the Superintendent Pharmacist, a GP, a doctor and non-clinical staff.
- Reviewed organisational documents.
- Reviewed a sample of patient records.

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

At our previous inspection on 24 January 2017, the provider was not providing safe services as we found:

- There was no system to record, assess and manage significant events/incidents.
- Systems to confirm a patient's identity were not adequate.
- There were no systems in place to assist patients in the event of a medical emergency occurring during consultation.
- There were no systems in place to ensure patients' conditions were monitored appropriately and information was not shared with the patients' own GP to ensure prescribing was safe.

These arrangements had improved when we undertook a follow up inspection on 12 June 2017. We found the service was now providing safe services.

### Monitoring health & safety and responding to risks

The provider had introduced processes to manage any emerging medical issues during a consultation and for managing test results and referrals. In the event a medical 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. There was flow chart in place for staff to follow at the beginning of a call with a patient to ensure their location was known. The provider had also reviewed their policy to ensure all test results were processed by a clinician.

### Staffing and Recruitment

The provider had improved their systems to ensure appropriate recruitment checks were undertaken prior to staff working for the service. The provider had engaged with an external contractor to advise them on human resources issues. There was a dedicated member of staff to oversee the recruitment process checks. The system also alerted the provider to any checks and documentation that required renewal. The provider had engaged with an external organisation to provide clinicians able to prescribe for the service. We saw that the provider had undertaken checks to ensure the clinicians had the skills, competence and appropriate checks had been undertaken before they

could prescribe for patients. We saw evidence that clinicians access to the operating system was disabled until they could provide the necessary information to assure the provider they were able to prescribe safely.

### Prescribing safety

The provider had improved its systems for the monitoring of medicines prescribed for patients. The provider had suspended the provision of medicines for long term conditions such as asthma as they had identified several risks relating to the prescribing of such medicines. They had undertaken an audit to understand the reason for patients ordering asthma relievers. The audit concluded that patients either ordered asthma relievers for convenience or because they could not get an appointment with their GP. The provider recognised the importance of patients having regular reviews and the risks associated with patients not being monitored. They were in the process of amending their consultation forms for patients to give details of their last reviews. Patients would also be required to give details of their own GPs and agree to the provider sharing information with their GP before being prescribed and supplied medicines for long term conditions.

The provider held clinical governance meetings and we saw prescribing issues were discussed and shared with the team. A system had also been introduced to ensure processes had been followed prior to sending the prescription to the associated pharmacy for dispensing.

We saw evidence of improvement in the quality of records held in patients' medical notes. These included the prescribing clinician's decision and consent to care and treatment.

### Information to deliver safe care and treatment

The provider had improved their systems for verifying patients' identity. They had commissioned a service where a patient's identity was checked against several national databases such as the electoral roll and credit reference agencies. When creating an account with the service, patients were asked to set up security questions which they would be asked for each time they logged onto the website. Where patients failed the identity checks, they were asked to send a proof of identification such as their passport or driving license and a proof of address such as a utility bill.

# Are services safe?

## **Management and learning from safety incidents and alerts**

The provider had improved their systems for identifying, investigating and learning from incidents relating to the safety of patients and staff members. All incidents were logged on an online system which was then reviewed monthly at clinical governance meetings. The provider also shared the incidents and learning from these at meetings

with the organisations who provided prescribing clinicians to the provider. We saw evidence that significant events and incidents were discussed and that learning was shared with all staff. We saw that the provider had a system in place to implement alerts and that action had been taken in response to a recent alert for one of the medicines supplied through the website that may affect the mental state of a person.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 24 January 2017, the provider was not providing effective services as we found:

- Staff had not received training in the Mental Capacity Act 2005, health and safety and fire training.
- Prescribing decisions were not always appropriate, based on thorough medical history and in line with evidence based; risk assessed national guidance and best practice.
- Consent to care and treatment was not sought in line with legislation and guidance and was not recorded.

These arrangements had improved when we undertook a follow up inspection on 12 June 2017. We found the service was now providing effective services.

### Assessment and treatment

We reviewed 15 examples of medical records that demonstrated that each GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based practice.

From the 15 medical records we reviewed, we saw there had been an improvement in the quality of the record keeping. The service told us that they had contracted a new organisation to provide clinicians who could prescribe and we could see from the records that following this change, the consistency and quality of the records had improved. There were clear records of the clinicians' decisions and that further information were requested to enable clinicians to prescribe safely.

The service monitored consultations and carried out consultation and prescribing audits to improve patient outcomes. The provider had employed a quality assurance pharmacist who had undertaken an audit of medical records to ensure all relevant information had been documented.

### Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and taking into account guidance. All staff had received training about the Mental Capacity Act 2005. Patients were asked about consent to care and treatment when signing up to the service.

### Quality improvement

The service collected and monitored information on people's care and treatment outcomes.

- The service used information about patients' outcomes to make improvements.
- The service took part in quality improvement activity. For example, they had undertaken an audit over a three month period for their weight loss service. This was to identify whether patients had been prescribed weight loss medicines in line with evidence based guidance. Twenty five patients were identified and the audit highlighted that three of those patients had gained weight and were not receiving medicines in line with best practice guidance. A number of recommendations were made to ensure patients on weight loss medicines were receiving treatment in line with best practice guidance such as ensuring repeat orders were scrutinised for patients who may have gained weight, flagging up those patients to the pharmacist on duty for further follow up and supplying patients with additional information on healthy lifestyles.

### Staff training

The systems to ensure all staff had the required training and updates had been improved. A dedicated member of staff held a training matrix with all required training. This system also flagged when a member of staff's training needed updating. The dedicated person also undertook monthly checks to ensure training has been completed. We saw evidence that all staff have received training in fire safety, health and safety and the Mental Capacity Act 2005.

### Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed, we were told that a letter would be sent to their registered GP in line with General Medical Council guidance. We saw evidence of an increase in the number of letters being sent to patient's own GPs where the service had prescribed for patients.

# Are services effective?

(for example, treatment is effective)

The provider had updated their standard operating procedures to ensure that all test results were sent to a clinician for follow up with the patient.



# Are services well-led?

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

## Our findings

At our previous inspection on 24 January 2017, we found the provider was not providing well-led services as we found:

- There was no overarching clinical governance system to ensure prescribing was safe and appropriate.
- There was no overarching governance system to ensure that systems and processes were in place and embedded in practice.
- The registered manager had not retained all the information required as stated in Schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 when undertaking recruitment.

These arrangements had improved when we undertook a follow up inspection on 12 June 2017. We found the service was now providing well-led services.

### **Business Strategy and Governance arrangements**

The clinical governance arrangements had been reviewed to ensure prescribing was safe and appropriate. The provider had employed a quality assurance pharmacist to undertake clinical audits and make recommendations for improvement. We saw an improvement in care and treatment records and they were now complete, accurate, and securely kept.

There were a variety of checks and audits to monitor the performance of the service. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. These were also discussed at monthly clinical governance meetings with the organisation who provided the service with prescribing clinicians. This ensured that a comprehensive understanding of the performance of the service was maintained.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw minutes of meetings where learning from significant events, incidents and complaints were shared with all staff.

The overarching governance system ensured systems and processes were in place and embedded in practice. For example, the provider had

- Improved systems for monitoring of staff's training to ensure staff were up to date with the required training.
- Improved systems and processes relating to recruitment. The system also flagged when required documentation needed to be updated. There was a dedicated member of staff to oversee the systems and ensure documents were requested prior to their expiry date.
- Systems had been improved to ensure patients' identity were checked when they requested a consultation and medicines. The provider had commissioned a service from an external provider who carried out checks to verify the patient's identity against several national databases including the electoral roll and credit reference agencies.

### **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.

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

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement. There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, through clinical audit. The provider had employed a quality assurance pharmacist to undertake clinical audits and make recommendations on how the service could be improved.