

Frosts (Online) Limited

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Inspection report

Apollo Office Park,
Ironstone Lane,
Wroxton,
Banbury
OX15 6AY

Tel: 01295268925

Website: www.oxfordonlinepharmacy.co.uk






Date of inspection visit: 14 May 2019

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Ratings

Overall rating for this service

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

Letter from the Chief Inspector of General Practice

We rated this provider as Good overall.

The provider registered in January 2019 and this was the first inspection of the service under its new registration with CQC. There had been three previous inspections of the service under different registered providers.

The key questions are rated as:

- Are providers safe? – Good
- Are providers effective? – Good

- Are providers caring? – Good
- Are providers responsive? – Good
- Are providers well-led? – Good

We undertook an announced comprehensive inspection of Frosts (Online) Limited on 14 May 2019. The service is an online GP consultation and medicines ordering provider located in Oxfordshire. This inspection was part

Summary of findings

of the digital and online providers 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 provider on the provider's website, select the medicines they require, complete an online consultation form which is reviewed by a GP, and if approved, the pharmacy sends the medicines to the patient.

At this inspection we found:

- 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 predominantly for the treatment of erectile dysfunction (ED), sexually transmitted disease testing, smoking cessation and treatment and hair loss, among other conditions.
- 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.

The area where the provider **should** consider improvements:

- Identify more proactive monitoring and audit of care via the clinical record system.

(Please see the specific details on action required at the end of this report).

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Providers and Integrated Care

Frosts (Online) Limited

Detailed findings

Background to this inspection

Background

Frosts (Online) Limited is based near Banbury, Oxfordshire. Frosts (Online) Limited registered as a provider in January 2019. Their services include consultations with a GP and prescribing of medicines. Frosts Online Pharmacy 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).

We inspected the online provider which is known as Frosts (Online) Limited at the following address:

- Apollo Office Park, Ironstone Lane, Wroxton, Banbury, OX15 6AY.

The provider employs staff who work on site including a superintendent pharmacist, pharmacy and administrative staff. The GPs worked remotely and were contracted from another provider. An average of 2,150 orders were placed per month and there were 18,000 active patients in the last year.

The provider can be accessed through their website: www.oxfordonlinepharmacy.co.uk 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 5.30pm, Monday to Friday. This is not an emergency provider. Subscribers to the provider pay for their medicines when making their on-line application. Once approved by the GP, medicines are supplied by the affiliated pharmacy.

The provider has a registered manager in place. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, they are 'registered people'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider is run.

The provider is registered to provide the regulated activities: Treatment of disease, disorder or injury and diagnostic and screening procedures.

How we inspected this provider

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the Registered Manager, Superintendent Pharmacist, dispensing technicians, contracted GPs, support staff and members of the management, administration and medicines team.

To get to the heart of patients' experiences of care and treatment, we 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?

Our findings

We rated safe as Good because:

Keeping people safe and safeguarded from abuse

Staff employed had received training in safeguarding and whistleblowing and knew the signs of abuse. There was a lead safeguarding officer. The lead had received adult and level three child safeguarding training. All staff had access to the safeguarding policies and where to report a safeguarding concern. One member of staff who undertook patient questionnaires on the phone did not have level two child safeguarding. Following discussion with the provider and the inspection team, the safeguarding training requirements for staff were reviewed and altered. The staff member undertook level two child safeguarding within a week of the inspection.

The provider had stopped prescribing medicines for patients aged under 18 years of age in recent months.

Monitoring health & safety and responding to risks

The provider was located at offices which housed the IT system, a range of administration staff and the dispensary. Patients were not treated on the premises and all online consultations were completed remotely. All staff based in the premises had received training in health and safety including fire safety.

There were systems to ensure patient confidentiality was maintained and that data was stored securely on the record system. The provider informed us consultations via questionnaires were reviewed by GPs (employed by an external contractor) in line with a confidentiality policy, designed to ensure appropriate procedures were followed.

There were processes in place to manage any emerging medical issues during a consultation and for managing test results and referrals.

Meetings were held with staff, where standing agenda items covered topics such as significant events, complaints and provider issues. Clinical meetings also included case reviews and clinical updates. We saw evidence of meeting minutes to show where some of these topics had been discussed, for example improvements to the consent policy, a significant incident and clinical pathways in line with national guidance.

Staffing and Recruitment

There were enough staff to meet the demands for the provider. The provider used an external provider to review their clinical questionnaires after initial assessment and undertake any prescribing required. A full set of background checks were undertaken on internal and contracted staff. There were a number of checks that were required to be undertaken prior to commencing employment, such as references and Disclosure and Barring provider (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 looked at the logs of data which included all this information and found it was up to date and contained all the background checks required by regulations. We cross referenced this log against a staff file of a recently employed member of staff to ensure the log was accurate. We found it reflected the data stored on the log.

We saw evidence of professional indemnity cover (which included cover for online/digital consultations), an up to date appraisal and certificates relating to their qualification and training in safeguarding and the Mental Capacity Act. Professionals' registration with their professional bodies was monitored by the provider.

Newly recruited members of staff received an induction plan to ensure all processes and training had been covered.

Prescribing safety

All medicines prescribed to patients following completion of consultation forms were reviewed by a GP employed by the third provider. We reviewed 15 records where patients had sought an online consultation and found that any prescribing was as a result of appropriate assessment and subsequent follow up questions.

A GP could only prescribe from a set list of medicines which the provider had risk-assessed. Prescribing was monitored to determine if there was unusual or concerning requests for medication. The provider informed us of instances where they investigated potentially concerning prescribing and had restricted or stopped prescribing if there were risks identified.

The provider had a policy of sharing information with GP practices where prescribing required information to be

Are services safe?

requested or provided to a patient's GP. The provider had assessed the level of contact with GPs prior to prescribing and showed us this took place over 60% of the time when consulting with patients.

The provider had recently stopped prescribing medicines to treat asthma due to the potential safety concerns and recent changes to guidance regarding treatments for conditions that require monitoring.

When emergency supplies of medicines were prescribed, there was a clear record of the decisions made and the provider contacted the patient's regular GP to advise them.

Once the patient selected a medicine, this was reviewed and a dosage recommended by a GP, relevant instructions were given to the patient regarding when and how to take the medicine. This included the purpose of the medicine and any likely side effects and what they should do if they became unwell.

Medicines sent to patients were monitored through a secure delivery system which required a signature on delivery. Temporary addresses and post office boxes were not allowed to ensure that the correct person received the correct medicine.

The website advertised medicines which were available and there were systems in place to prevent the misuse of these medicines. For example, we saw measures were in place to monitor potential over-ordering and duplicate accounts. The GP had access to the patient's previous records held by the provider. Repeat prescriptions were limited based on relevant guidance and clinical review of repeat prescribing.

The provider had low levels of antibiotic prescribing, and encouraged good antimicrobial stewardship by only prescribing from a limited list of antibiotics which was based on national guidance. We saw the provider only prescribed antibiotics for acne, malaria and on presentation of a confirmed diagnosis of a sexually transmitted infection (STI).

Patients reported that consultations were thorough and that prescribing was only undertaken following diligent review.

Information to deliver safe care and treatment

On registering with the provider the identity of each patient was verified. The automated verification process included a search of multiple data sources cross checking and verifying the name, age and address of the person. Where discrepancies were identified the patient was asked for further identification such as formal photographic identity in order to continue with their order. Accounts would not be activated, thereby allowing patients to request medicines, until identity verification was completed by the administrative team.

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. These were discussed in meetings and staff received information regarding any learning.

We saw evidence from incidents 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.

The provider had a system in place to assure themselves of the quality of the dispensing process (for onsite pharmacies).

We were shown records of the action taken in response to recent patient alerts. This process was managed by the lead pharmacist. We saw appropriate action following any alerts received.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Assessment and treatment

We reviewed eight 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.

The provider used consultation questionnaires which were specific to treatments and medicines supplied. Each treatment area had its own bespoke online consultation and patient information pages which formed part of the consultation process. The patient would be informed if the service was unable to supply the medicine and the patient would be advised to consult with their own GP. We reviewed 15 medical records which were complete records and adequate notes were recorded. We saw provider data which indicated that over 60% of consultations led to information sharing and consultation with a patient's own GP prior to any prescribing. The service declined 8.6% of order requests following assessment of a patient's needs.

The GPs 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 explained to the patient and a record kept of the decision.

Quality improvement

The service monitored consultations and carried out consultation and prescribing audits and monitored information on patients' care and treatment outcomes to improve patient outcomes. Examples of this were:

- An audit of nonsteroidal anti-inflammatory drugs in January 2019 led to implementing a patient information leaflet to be issued alongside any prescriptions of these medicines.
- A review of the safety in relation to updated guidance regarding the prescribing of Asthma medication led to the removal of treatments for this condition.

- There was an ongoing audit of the stop smoking service being undertaken to determine its success and to identify any improvements.

We found the computerised clinical record system enabled responsive audit of prescribing. However, the provider had not identified means to proactively audit potential areas of quality improvement or prescribing without clinical input. There were no direct risks we identified during the inspection as a result of this. We saw evidence that the service was proactively identifying and responding to potential prescribing concerns.

Staff training

All staff received induction training which included, health and safety, basic life support, work place stations assessments, General Data Protection Regulation and confidentiality. Staff also completed other training on a regular basis. Safeguarding training was not always provided to the appropriate level. The provider made alterations to their training processes to amend this immediately after the inspection. The service had a training matrix which identified when training was due.

Administration staff received regular performance reviews. All the GPs contracted via an external provider had their professional registration revalidation dates and training updates checked by Frost's Online Pharmacy.

Coordinating patient care and information sharing

Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of this data sharing with patients' registered GPs.

Supporting patients to live healthier lives

Are services effective? (for example, treatment is effective)

The service identified patients who may be in need of extra support and had a range of information available on the website (or links to NHS websites). The provider showed us information leaflets associated with the care of various conditions. These enabled patients to signpost themselves

to services such as pharmacies for minor ailments or where an assessment of their need was not deemed appropriate for any prescribing but the patient could benefit from alternative therapy, advice or self care.

Are services caring?

Our findings

We rated caring as Good because:

Compassion, dignity and respect

We were told that the GPs undertook online consultations from home. They had been informed of the provider's confidentiality policy and the provider sought assurances regarding the contractor's home working policy. This was to ensure patient information was not compromised.

Messaging to patients by both GPs and administrative staff was monitored. Any concerns would be fed back to the individual concerned.

We did not speak to patients directly during the inspection. However, we received feedback directly from patients who used the service. Of the 11 comments we received all of them contained highly positive feedback regarding the

service received. This including high regard for the advice and information provided to patients. One patient reported a slight delay and problem using the electronic prescribing system.

The provider also conducted its own patient survey in February 2019 which asked three questions. One question regarding overall satisfaction with the service scored 91% positively from the 83 respondents.

Involvement in decisions about care and treatment

Patient information about how to use the service was available. Patients had access to information about how assessments were undertaken following questionnaires being completed.

Patients had access to their medical records on their account section of website. This included, messages between GPs and the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The provider can be accessed through their website: www.oxfordonlinepharmacy.co.uk 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 5.30pm, Monday to Friday. This is not an emergency provider. Subscribers to the provider pay for their medicines when making their on-line application. Once approved by the GP, medicines are supplied by the affiliated pharmacy.

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.

All medical practitioners were based within the United Kingdom. Any prescriptions issued were either delivered.

We rated responsive as Good because:

Responding to and meeting patients' needs

There was information including information videos available on the website to demonstrate how the service operated. The website made it clear to patients what the limitations of the service were.

Patients could access the service by phone from 9am to 5.30pm, Monday to Friday. Help and support from the service could be accessed either by e-mail or by phone. The service was accessed through their website, where patients could place orders for medicines seven days a week.

The service was not an emergency provider. 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.

Medicines supplied were monitored through a secure delivery system which required a signature on delivery.

The in-house survey completed in February 2019 identified that 99% of patients were satisfied with the time it took to deliver their prescriptions.

Tackling inequity and promoting equality

The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group. Under 18s were not able to use the service due to policy decisions about safe prescribing and the services offered.

Managing complaints

Information about how to make a complaint was available to patients. The provider had developed a complaints policy and procedure.

We discussed the complaint system and looked at complaints documented in the last year.

The provider was able to demonstrate how complaints were handled and responded to. There was evidence of learning as a result of complaints. Any reports from patients of dispensing errors were recorded as a complaint. Outcomes from complaints included further training on dispensing for staff.

Consent to care and treatment

There was clear information on the provider'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 clear 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 prescription was known in advance and paid for before the consultation appointment commenced. The service refunded any cost if the treatment was declined.

Staff who consulted with patients or prescribed medicines had received training about the Mental Capacity Act 2005. There was supporting information on the Mental Capacity Act 2005 available should staff need to refer to it.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Business Strategy and Governance arrangements

The provider told us they had a clear and evolving vision to provide a high quality responsive service. They informed us they wanted to grow sustainably and enable a safe model based on quality.

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 annually and following incidents, publication of new relevant guidance, and patient feedback when necessary.

There were a variety of checks in place to monitor the performance of the provider. The information from these checks was discussed informally on a daily basis and formally at governance meetings. We saw minutes from meetings which indicated a range of areas were discussed.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the provider recognised during the course of the inspection that some monitoring of risk could be proactive rather than responsive to identified risks. One area which was identified by the inspection team and the provider was more proactive use of the electronic record system to identify potential risks, without clinician input, such as abnormal prescribing requests.

Leadership, values and culture

The proprietor of the company had overall responsibility as CQC registered manager and was supported by the superintendent pharmacist who was also the clinical quality lead. There was an additional clinical pharmacist who provided support. The administrative and support team included an IT manager and HR manager. They were clear on their roles and responsibilities and enabled to undertake their lead roles.

The provider had an open and transparent culture. We were told that any incidents that required reporting or investigating were openly reported and discussed with

learning outcomes disseminated to staff. Patients were provided with open and detailed responses to any complaints including where any fault occurred on part of the provider.

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 secure IT systems in place to protect the storage and use of all patient information. The provider could provide a clear audit trail of who had access to records and from where and when. The provider had an up to date registration 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 provider undertook inhouse patient feedback surveys. Data presented to us indicated positive experiences overall from patients.

There were accounts from staff where they could demonstrate the ability to change process and policy in order to improve how the service was organised.

Staff could access and refer to information such as policies including whistleblowing. (A whistle blower is someone who can raise concerns about practice or staff within the organisation.)

Continuous Improvement

The provider consistently sought ways to improve.

All staff were involved in discussions about how to run and develop services and were encouraged to identify opportunities to improve.

There were quality improvement initiatives in place including:

- An audit of nonsteroidal anti-inflammatory drugs in January 2019 led to implementing a patient information leaflet to be issued alongside any prescriptions of these medicines.
- A review of the safety in relation to updated guidance regarding the prescribing of asthma medicines led the service to stop prescribing treatments for this condition.

Are services well-led?

Good 

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

- There was an ongoing audit of the stop smoking service being undertaken to determine its success and to identify any improvements.