

Red Label Medical Limited

The Independent Pharmacy

Inspection report

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Overall summary

Letter from the Chief Inspector of General Practice

The Independent Pharmacy is an online service providing patients with prescriptions for medicines that they can obtain from the provider's registered pharmacy (which we do not regulate).

We carried out an announced focussed follow up inspection at The Independent Pharmacy on 10 January 2018. We had previously carried out an announced comprehensive inspection on the 25 April 2017 where we found that the provider did not provide safe, effective and well-led services in accordance with the relevant regulations. We did however find that the provider delivered caring and responsive services in accordance with the relevant regulations. We also carried out an announced focused responsive inspection on the 17 October 2017 in response to concerns we received from another regulatory body. At that time we found the provider was working through a plan in relation to the actions we had told them they needed to take and had made a number of improvements. The full comprehensive report on 25 April 2017 and the focused responsive report on 17 October 2017 inspections can be found by selecting the 'all reports' link for The Independent Pharmacy on our website at www.cqc.org.uk.

This Inspection was carried out to follow up on breaches of regulations identified at our previous comprehensive inspection on the 25 April 2017. We inspected the safe, effective and well-led key questions.

Our findings in relation to the key questions are as follows:

Safe – we found the service was providing a safe service in accordance with the relevant regulations.

Specifically:

- Suitable numbers of staff were employed, appropriately recruited and had received training appropriate to their role.
- Risks were assessed and action taken to mitigate any risks identified.
- Systems were implemented to ensure learning from safety incidents, including significant incidents and safeguarding, were shared with all staff at monthly meetings.
- We found patients were prescribed a range of medicines. There were systems in place to ensure that excessive amounts of medicines were not supplied and prescriptions were not issued if the service had any concerns for the safety of the patients.

Effective - we found the service was providing an effective service in accordance with the relevant regulations.

Summary of findings

Specifically:

- Arrangements for patient consultations were effective and information was now shared with a patient's own GP in line with GMC guidance.
- Staff had now received the appropriate training to carry out their role.

Well-led - we found the service was providing a well-led service in accordance with the relevant regulations.

Specifically:

- The service had clear leadership and governance structures.
- Policies and procedures had been reviewed and all staff had access to these.
- Systems and processes had been implemented and embedded in the service to ensure patients were kept safe.

The areas where the provider should make improvements are:

- Monitor improvements made to assess their effectiveness and ensure ongoing quality improvement.

We saw one area of notable practice:

- The service provided a testing service for sexually transmitted infections and where patients tested positive, systems were in place to advise patients on the most suitable service available to them to seek further help, such as injectable antibiotics, near their home address. Patients who tested negative but were experiencing symptoms of sexually transmitted infections were referred to their own GP or nearest sexual health clinic.

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 the service was now providing a safe service in accordance with the relevant regulations.

Are services effective?

We found the service was now providing an effective service in accordance with the relevant regulations.

Are services well-led?

We found the service was now providing a well-led service in accordance with the relevant regulations.

The Independent Pharmacy

Detailed findings

Background to this inspection

The Independent Pharmacy is the trading name of two companies, ABSM Healthcare Ltd and Red Label Medical Ltd. ABSM Healthcare Ltd operates the organisation's affiliated pharmacy (which does not require registration with the Care Quality Commission) and Red Label Medical Ltd operates the online consultation service. We inspected the online consultation service only, which is located at Unit 3, Heston House, Emery Road, Bristol, BS4 5PF.

The Independent Pharmacy was established in 2013, and provides an online service that allows patients to request prescriptions through a website which are then directed to the pharmacy business which is part of the same legal entity. Patients are able to register with the website and select a condition they would like treatment for. A consultation form is completed by the patient, which is then reviewed by a clinician, either a General Medical Council (GMC) registered doctor or a General Pharmaceutical Council (GPhC) prescribing pharmacist. Once the consultation form has been reviewed and approved, a private prescription for the appropriate medicine is issued. The prescription is checked by a pharmacist before the medicines are supplied to the patient by the affiliated pharmacy (which CQC does not regulate).

The service can be accessed through their website, www.theindependentpharmacy.co.uk where patients can place orders for medicines seven days a week. The service is available for patients living in the UK only. Patients can access the service by phone or e-mail from 9am to 5pm, Monday to Friday. This is not an emergency service. Subscribers to the service pay for their medicines when making their online application.

The provider employs staff who work on site including dispensing staff and pharmacy technicians. They also employ clinicians who work remotely including two GPs, one doctor (who was not a GP) and one prescribing pharmacist.

Red Label Limited was registered with Care Quality Commission (CQC) on 14 January 2014 and there is a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

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

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

During our visit we:

- Spoke with a range of staff including two Directors and two GPs.
- Reviewed a sample of consultation records.
- Reviewed staff recruitment and training records.

We carried out an announced focussed inspection to follow up on breaches of Regulations identified at our previous comprehensive inspection on 25 April 2017. We inspected the service on the following three key questions:

- Is the service safe?
- Is the service effective?

Detailed findings

- Is the service well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Are services safe?

Our findings

At our previous inspection on 25 April 2017 we determined the service was not providing safe services and issued a requirement notice in relation to safe care and treatment and fit and proper persons employed. At this inspection on 10 January 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing safe services in accordance with the relevant regulations.

At the previous comprehensive inspection on the 25 April 2017, we found:

- There were no systems in place to assess risks and actions to mitigate risks were not clearly recorded.
- The provider had not ensured that safety incidents including significant events and complaints were analysed for trends, learning points identified and shared with all staff.
- The provider had not requested nor retained necessary information when undertaking recruitment.

We also told the provider that they should ensure safe systems were in place for the diagnosis of sexually transmitted infections.

Systems to mitigate safety risks had been implemented which included analysing trends and learning from significant events and safeguarding. We saw evidence that learning was shared with all staff at monthly meetings.

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

The provider prescribed antibiotics for a small range of conditions. There were strict timeframes in place for the issuing of repeat prescriptions. For example, antibiotics to treat urinary tract infections for eligible women were prescribed provided the patient had not placed an order in the last six months and antibiotics for traveller's diarrhoea was limited to one pack per person.

Risks assessments for the different areas of treatment available had been undertaken to ensure safe prescribing for patients. We saw appropriate actions had been taken to mitigate safety risks. For example, the provider had suspended the prescribing and supply of medicines for hypertension until a safe system was implemented to ensure patients received the appropriate monitoring from their own GP.

The provider issued prescriptions for long term conditions, based on information supplied by the patient to show that they had previously been prescribed the medicine. These prescriptions included medicines for conditions which require regular monitoring. Systems had been put in place to ensure that monitoring had taken place by the patient's own GP. The provider had suspended the prescribing and supply of medicines for hypertension until a safe system was implemented to ensure patients received the appropriate monitoring from their own GP.

We looked at a sample of patient records. We asked what systems were in place to identify and analyse any incidents, near misses and clinical errors. We were told that any queries which were identified by the pharmacist during their clinical check would be resolved by requesting further information from the patient and by the use of a notes system in the patient's medical record.

The service prescribed some unlicensed medicines, for example for jet lag and altitude sickness. Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use for a different medical condition is called 'off-label use' and is a higher risk because less information is available about the benefits and potential risks. There was clear information on the consultation form to explain that the medicines were being used 'off label', and the patient had to acknowledge that they understood the information. Additional information to guide the patient when and how to take these medicines was provided with the medicine.

There were systems in place to ensure the safe diagnosis of sexually transmitted infections. Consultation forms had been improved to include further questions so that patients could clearly describe their conditions. Patients were also asked to provide a photograph for certain conditions before treatment was prescribed. Where appropriate treatment could not be offered, patients were contacted and given information on the most suitable alternative service they should contact.

Are services safe?

Systems and processes in place to ensure appropriate recruitment checks had been carried out, had been reviewed to ensure these checks were undertaken consistently. We reviewed two recruitment files which showed that the appropriate recruitment checks had been undertaken.

Staff employed at the headquarters had now received training in safeguarding and whistleblowing and knew the

signs of abuse and to whom to report them. There was evidence that all the clinicians had now received level three child safeguarding training and adult safeguarding training. All staff had access to safeguarding policies and could access information about who to report a safeguarding concern to.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 April 2017 we determined the service was not providing effective services and issued a requirement notice in relation to safe care and treatment and staffing.

At this inspection, 10 January 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing effective services in accordance with the relevant regulations.

At the previous comprehensive inspection on the 25 April 2017, we found:

- Patient's own GP were not always informed of the treatment the patient had requested from the provider.
- Staff had not received training appropriate to their role.

Induction, monitoring and appraisal arrangements in place had been improved to ensure staff had the skills, knowledge and competence to deliver effective care and treatment. We saw evidence staff had received training appropriate to their role. Specifically, staff had now received safeguarding vulnerable adults and safeguarding children training appropriate to their role, Mental Capacity Act, whistleblowing and fire safety training. The provider had also conducted an internal meeting to look at how training in those areas specifically applied to the service, so that all staff were aware of the procedures to follow when issues occurred.

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 was sent to their registered GP in line with General Medical Council guidance. The provider had undertaken a risk assessment for the areas of prescribing where they would need to share information about treatment with the patient's own GP. The provider had also improved the functionality of their website to encourage and make it easier for patients to share the details of their own GPs.

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

The service provided a testing service for sexually transmitted infections and where patients tested positive, systems were in place to advise patients on the most suitable service available to them to seek further help, such as injectable antibiotics, near their home address. Patients who tested negative but were experiencing symptoms of sexually transmitted infections were referred to their own GP or nearest sexual health clinic.

We asked to see examples of quality improvement activity, for example clinical audits. The prescribers told us that each prescription was considered individually and that they did not audit their prescribing overall, but clinical meetings took place regularly where prescribing decisions were discussed. The provider was developing a systematic review of prescribing patterns.

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 25 April 2017 we determined the service was not providing well-led services and issued a requirement notice in relation to safe care and treatment, staffing and fit and proper persons employed. At this inspection, 10 January 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing well-led services in accordance with the relevant regulations.

At the previous comprehensive inspection on the 25 April 2017, we found the governance arrangement had not ensured that:

- The complaint policy was in line with the relevant regulation.
- Minutes of meetings were clearly recorded.
- Learning from incidents, significant events and complaints were shared with all staff.
- The necessary information was requested and retained when undertaking staff recruitment.
- All staff had training appropriate to their role.
- Risks to patients were assessed and actions to mitigate those risks were clearly recorded.

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. Clinicians we spoke with told us they were involved in decisions and their suggestions were taken on board and implemented. They also told us that they were now working more as a team and where they were unsure when making decisions; they were able to contact their colleagues for support.

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. We saw the provider had reviewed their complaints policy to ensure it complied with relevant regulation.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Learning from incidents, significant events and complaints were shared with all staff at monthly meetings which were clearly recorded.

Systems and processes had been implemented and embedded in the service to ensure patients are kept safe. For example, recruitment procedures, staff training and risk management processes had been improved.