

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Boots Company plc

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	The Boots Company plc
Registered Manager	Ms. Morag Punton
Overview of the service	The Boots Company plc is registered with the Care Quality Commission as an independent medical agency providing an online prescription service and providing Patient Group Directions (PGDs) to pharmacies across the country. PGDs are written directions allowing non-doctors including pharmacists to assess patients and supply medicines without prescriptions, subject to exclusions.
Type of services	Doctors consultation service Doctors treatment service Remote clinical advice service
Regulated activities	Diagnostic and screening procedures Family planning Services in slimming clinics Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Patients who had used the online prescription service told us they were happy with the information provided online and that the service was, "Brilliant". They told us they were given enough information before they needed to give their consent for their order and for the medication to be prescribed.

We found that appropriate information was taken from patients as an initial assessment to determine if the medication could be prescribed and if it was appropriate for that patient.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with two patients who used the online prescription service. They told us that the service was excellent and that there was enough information available to ensure they made an informed decision before they provided their consent.

We looked at the online prescription service website and found that it included information on consent. Staff told us that patients were unable to proceed with their request unless they had given their consent.

Clinicians (Independent Prescribers) who provided the online prescription service and pharmacists providing services under the Patient Group Directives (PGDs) were trained to ensure informed consent was given. PGDs are written directions allowing non-doctors including pharmacists to assess patients and supply medicines without prescriptions, subject to exclusions (for example, someone with a particular medical condition). Staff also told us that pharmacists also worked to General Pharmaceutical Council standards on obtaining consent.

We saw the patient survey findings for the online prescription service in 2012/13. The majority of respondents were happy that they understood all the information provided before consent was given. The patient survey findings for the services provided under PGDs showed that all of respondents were happy that they understood all the information provided before consent was given.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare.

Reasons for our judgement

Patients needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with two patients who used the online prescription service. They told us that the service that they had received had been brilliant. One patient told us, "They (the staff) kept me informed from my order being submitted to it being dispatched".

There was a range of consultation guides for pharmacists providing services under PGDs. This included a section on consent and details of the exclusion criteria for providing medications. This information was also available for independent prescribers who provided the online service.

We looked at four patients online consultation records. We saw that each patient was asked to complete various questions specific to the medication that had been requested. This included any known allergies, if they had any medical conditions (i.e. heart problems) and if they were currently taking any medications.

There were arrangements in place to deal with foreseeable emergencies. The service had made clear business continuity arrangements in the event of a power failure. We also saw that pharmacists providing services under PGDs underwent anaphylaxis training on a regular basis. This meant that pharmacists were able to take appropriate action if a patient had a severe, potentially life threatening allergic reaction.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to patients appropriately.

A clinical advisory board met on a monthly to discuss and consider whether medications offered by the service online or under PGDs were clinically appropriate and in line with professional guidelines. We saw copies of the written notes from these meetings.

The service reviewed the PGDs and clinical algorithms (a flow chart that demonstrates the sequence of clinical decisions) in full at least every two years and checked the medicines regulators' website on a daily basis to see if any changes to their service needed to be made. If any change to their service was identified, this was reviewed and any necessary changes agreed through the clinical advisory board. For example, if specific medication conditions (i.e. epilepsy) needed to be taken into consideration when prescribing some medications, this would be added to the specific questions patients needed to answer before the medication was prescribed.

Staff also confirmed that pharmacists and independent prescribers were required to maintain their competencies for prescribing under the services offered. We reviewed records which confirmed this took place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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