

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

## Pharmacy2U LTD

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Date of Inspection: 10 February 2014

Date of Publication: March 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Pharmacy2U Limited
Registered Manager	Dr. Nitin Shori
Overview of the service	Pharmacy 2U LTD is an internet based prescription service. The service provides online consultations and treatments using a remote doctor/patient interface.
Type of services	Doctors treatment service Remote clinical advice service
Regulated activities	Services in slimming clinics Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 February 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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People who used the service understood the care and treatment choices available to them. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

We read feedback from people who had used the service. The majority of people had reported high satisfaction levels with the service. The service had received over 8,500 reviews. On average; the overall score for the service based on these reviews was 9.1 out of 10.

People's needs were assessed and care and treatment was planned and delivered in line with their health needs.

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

Appropriate checks were undertaken before staff began work to make sure that they had the relevant experience and skills for the role.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service understood the care and treatment choices available to them.

The provider's website provided detailed information for people who used the service. The website clearly set out what services were available and how people could access these. There was information about what medication could be prescribed for specific medical conditions, how these were prescribed and the costs. This meant people were able to make an informed choice about whether to proceed and use the service.

The provider told us that if people decided to access the service, they were required to complete an online medical history and a general health background questionnaire. They told us that they reviewed this information before contacting the person with their recommendations which could include a choice of treatment options for the person to choose from. The provider told us, "We always make sure that people are aware of the potential risks and benefits of each option and the side effects of any medication we recommend."

We saw from the on-line forms which people had completed that people were required to confirm they agreed to read a 'Patient information leaflet' for the medication which was recommended by the Doctor. The provider told us that the on-line patient consultation and prescribing system would not allow people to proceed any further unless they had agreed to read the necessary information leaflet.

People were able to contact the Doctor by e-mail to ask questions or raise a query through a secure personal password protected log-in. This ensured that people's confidentiality and privacy was protected.

We looked at feedback from people who had used the service. The majority of people had reported high satisfaction levels with the service. The service had received over 8,500 reviews. On average; the overall score for the service based on these reviews was 9.1 out

of 10.

We saw evidence which showed that where people had reported they had not been satisfied with the service they had received, the provider had offered an appropriate, timely response to the person to resolve the issue.

The web-site described how medication was dispatched in plain brown confidential packages. This provided people with assurance that their privacy was maintained. One member of staff we spoke with told us, "We offer a very confidential and discreet service to people."

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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There were systems in place to effectively manage risks to people who used the service. We saw that people who used the service were required to complete a medical history form. This included information about the person's past medication history, allergies, past and current medical conditions and their reasons for contacting the service.

The Doctor told us they reviewed each form to make sure that there was sufficient detail to enable them to make a diagnosis. They told us that where information was not sufficient, they would contact the person and ask for additional information. They told us they adhered to the National Institute of Health and Care Excellence (NIHCE) guidance when deciding what the most appropriate treatment was for a person's condition. The Doctor told us that if further tests were required before they could make a diagnosis, or determine if medication was safe for the person, they would contact the person and advised them of this. They told us they could send a test kit for the person to complete some tests at home for example; blood tests. They told us that if the person failed to provide the tests which were needed, they would not prescribe any medication to the person. The Doctor told us, "The tests are really important because we often need to check there is not an underlying medical condition which is causing the person's symptoms. Some medication can be dangerous if the dosage is not correct and you can only decide on the correct dosage for the person through test results."

People were asked by the Doctor for permission to notify their General Practitioner (GP) of the medication they had been prescribed. The Doctor told us that it was the person's choice and they would respect their wishes. However; where a person had refused permission and it was deemed clinically appropriate to contact the persons GP, they would not prescribe medication to the person. In these cases, they would sign post the person to their GP.

We saw evidence which showed that the Doctor had not proceeded with one in five of the consultations which had taken place in 2013. This demonstrated that the Doctor had declined to prescribe the person the medication they had requested where they had assessed that it was not clinically appropriate.

The Doctor told us that people were required to update their medical history form when

they requested a repeat prescription or further treatment. We saw that there were online restrictions that stopped people from over ordering medicines. We saw examples of how the Doctor had refused to prescribe repeat prescriptions where people had over ordered medication.

The Doctor told us people had to confirm they would read the medicine information leaflets provided with their medication. In the care records we looked at, we saw that each person had ticked to confirm they had read the information leaflets. We saw that people did not receive medication until it had been authorised by the Doctor.

The Doctor told us they contacted each person for a follow up check two weeks after they prescribed them any medication or treatment. They told us, "This is to check they are OK, that they are not experiencing any unpleasant side-effects and that the treatment is effective."

They told us that each person's treatment was also reviewed every six months or more frequently if required. They told us, "The system forces you to review treatment after six months. It is an in-built safety mechanism which means you cannot order again until you have had a review."

People's needs were assessed and care and treatment was planned and delivered in line with their health needs.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Medicines were prescribed and supplied to people in a safe and suitable way. We saw that people completed an online questionnaire to ensure that it was safe for them to be prescribed medicines for their particular health conditions. If questions were not answered appropriately or the Doctor had clinical concerns about the person, then medicines could not be ordered by the person. People were then asked to provide more information or advised to contact their own GP as appropriate.

We saw that there was a direct link to information about medicines available on the provider's web-site. People were asked to confirm that they had read this information. The Doctor reviewed the information people provided before they prescribed any medicines. Contact details were available so that people could ask the doctor questions about their medicines at any stage in the process. We saw some examples of on-line dialogue with the doctor and people who used the service.

Prescriptions were sent electronically to the provider's on-site pharmacy. The Pharmacist told us they carried out a further check when a prescription was received. Medicines were sent out to people from the pharmacy by recorded delivery. The Pharmacist told us that a copy of the patient information leaflet was provided with all the medicines supplied.

People reported being satisfied with the service they received overall. We saw evidence that the provider had responded appropriately where people had reported problems or concerns with the delivery of their medication. We saw evidence that confirmed the provider had taken suitable actions to ensure that these matters were properly addressed.

We saw that people were asked by the provider for the contact details of their GP and permission to inform them of any prescriptions they supplied. If this was provided then the service wrote to the GP and told them of any prescription medication which they supplied to the person. This helped to keep medical records up to date and avoid duplicate prescribing.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The service had effective recruitment and selection processes in place. Staff we spoke with confirmed that before they were recruited, they had completed an application form and attended an interview. The Registered Manager confirmed staff were recruited by interview, using competency based questions and references were requested and checked before staff were recruited.

We looked in four staff records. We saw evidence of application forms, interview questions, references and Disclosing and Barring Service (DBS) checks (Formerly known as Criminal Records Bureau checks) in the staff records we looked at. The Registered Manager told us that all staff who had access to people's personal financial payment records were required to have a satisfactory DBS check completed before they were recruited. In the staff records we looked in, we also found copies of proof of identification documentation such as driving licences and passports, job descriptions and signed contracts of employment.

There were copies of professional qualifications, membership of professional governing bodies, training certificates, indemnity insurance, induction programmes specific to the role, and records of appraisals and supervision in the staff records we looked at. Staff we spoke with confirmed they received appraisals every six months and monthly supervision.

Staff told us they had completed an induction training programme which included health and safety, information security and policies and procedures.

Staff confirmed that staff meetings regularly took place and they felt that their work was supervised well. The service had systems in place to make sure the performance of staff was monitored and assessed regularly. The Human Resource Manager told us that the service had policies in place to support staff who were returning to work following a period of absence such as sickness. They explained how they could arrange for staff to return to work on reduced hours or with reduced duties to support their return to work.

Appropriate checks were undertaken before staff began work to make sure that they had the relevant experience and skills for the role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service were asked for their views about their care and treatment and they were acted on. We found that people were given the opportunity to make their views known about the service they had received. The Doctor told us that each person who used the service was contacted by email two weeks after they had been sent their prescription. They were asked to inform them of any concerns they may have relating to their medication or any other issues. We saw a sample of emails between the Doctor and people who had used the service. We saw that questions were answered promptly.

The provider also gained the views of people who had used the service through the use of an independently online market research company. We saw that the majority of people had reported high satisfaction levels with the service. The service had received over 8,500 reviews. On average; the overall score for the service based on these reviews was 9.1 out of 10. Where people had reported they had not been satisfied with the service, we saw that the provider had provided a response to people in a timely manner with the aim of resolving any issues they raised.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The Doctor told us they had been granted practising privileges. Practising privileges were a formal agreement that enabled a provider to ensure the quality of care a Doctor provided. It included requirements related to ensuring Doctors followed the provider's policies and clinical governance arrangements. We saw information that confirmed that practising privileges were in place for the Doctors who worked for the service.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The Registered Manager told us the service held, 'Clinical Review Meetings' every three months which were attended by the Doctor, Director, Pharmacist, and an external Consultant Physician. We saw evidence from the minutes of these meetings that significant incidents and events, patient feedback, case histories and best practice guidance were discussed as standing agenda items. We saw that any actions taken by the provider in response to incidents, issues raised or guidance were recorded in detail.

One member of staff told us, "If you have a suggestion you can suggest it and get things improved. We've made changes to the IT system to make it safer for people." Another member of staff said, "We provide a good service. The focus is very much on providing a quality service."

The service had a complaints policy in place. The Registered Manager told us they had not received any formal complaints. Staff we spoke with were clear about their roles and responsibilities regarding managing complaints.

We saw there was an effective governance system in place to monitor and improve the quality of treatment provide by the service.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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