

# Registered pharmacy inspection report

**Pharmacy Name:** Allcures.Com (2006) Ltd, Allcures House, Arisdale Avenue, SOUTH OCKENDON, Essex, RM15 5TT

**Pharmacy reference:** 1086373

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 10/08/2023

## Pharmacy context

This is an NHS distance-selling pharmacy based in an industrial estate. It mainly dispenses medications for multi-compartment compliance packs for people residing in the community and some in care homes. It also sells both over-the-counter and pharmacy only (P) medicines through its website ([www.https://allcures.com/](https://allcures.com/)).

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not carry out risk assessments for the services and medicines it supplies at a distance.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines which require refrigeration appropriately.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately manage the risks associated with selling medications online. It has not gathered evidence about the risks for each individual medicine it supplies online and has not completed any risk assessments or audits for this service. The pharmacy largely keeps the records it needs to by law and has procedures in place to learn from mistakes. It holds regular meetings and reviews to see how team members can learn from mistakes. Staff follow the pharmacy's written procedures. But the procedures are overdue for review, so they may be less likely to reflect current best practice.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, but these had been due to be reviewed in November 2022. The superintendent pharmacist (SI) stated that he was in the process of updating these. The pharmacy also had one new member of staff who had not yet read or signed the SOPs and the SI said that he would get the new member of staff to read them once they had been updated. Staff members were seen following the SOPs and dispensing multi-compartment packs safely. The pharmacy had appropriate indemnity insurance in place and had a certificate on display to show this.

The pharmacy's online business involved the sale and supply of over the counter and pharmacy medicines (P) to people based in the UK. No evidence was seen of risk assessments that had been carried out. Both pharmacists present during the inspection did not think any risk assessments or audits had been completed. People were required to complete a questionnaire which was then reviewed by a pharmacist before orders were processed and shipped. The SI explained that the volume of sales of medicines online was relatively small. The pharmacy did not supply codeine linctus over the internet, but other codeine-based analgesics were available. The SI explained that people were only allowed a maximum of two orders after which no further orders could be placed. ID checks were carried out in-house by team members who contacted people and asked for a form of ID as proof. The SI said this was being reviewed.

The pharmacy recorded near misses (where a dispensing mistake happened and was picked up before the medicine was handed out) in a book as they occurred and recorded details of the incidents. Dispensing errors (where there was a dispensing mistake and the medicine had been handed out) were recorded in more detail electronically and these records were sent to the SI regularly. The responsible pharmacist (RP) explained that meetings were held every two to three weeks to discuss near misses and dispensing errors. The RP stated that he would have one-to-one session with any team member who needed further support.

The pharmacy had a complaints procedure. The SI explained that people could contact the customer services department if they had an issue with the pharmacy. The RP said that he sometimes received complaints directly from people who call the pharmacy. This could lead to confusion for people in how best to contact the pharmacy for complaints or feedback. The SI stated that he would ensure all complaints were received and actioned in the same way.

Records for controlled drugs (CDs) were largely in order and balance checks were completed regularly,

in line with the SOPs. A check of a CD medication showed that the actual quantity matched the recorded balance. The pharmacy had some CDs that had been returned by people. The RP said these were due to be destroyed the day of the inspection. The pharmacy kept records of unlicensed medications it supplied; however, some records did not contain all the information required. The RP gave assurances that the pharmacy would ensure records for unlicensed medicines were fully complete in future.

The pharmacy handled and managed its confidential waste appropriately. It had separate bins for confidential waste and the SI contacted an external company to collect and dispose of it appropriately. The correct RP notice was displayed when entering the pharmacy and the RP record was largely completed appropriately. The RP had completed the appropriate safeguarding training and was able to explain what to do if he had a safeguarding concern. The pharmacy had a list of safeguarding contacts on display in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload effectively. Team members have completed the required training and they feel safe to raise concerns if needed. They do some ongoing training to help keep their knowledge and skills up to date.

### Inspector's evidence

One the day of the inspection, there was the RP, the SI, an accuracy checking technician (ACT) and four dispensers working in the pharmacy. Staff were up to date with dispensing and other routine tasks. The pharmacy currently employed two regular pharmacists, an accuracy checking technician (ACT), eight dispensers and a delivery driver full time. The SI said all staff had completed their training apart from one new staff member who had started a month ago but had been started on an appropriate training course. Pharmacy staff had some in-house training from time to time but no regular training. The staff stated that they were happy with the work environment and could always raise issued if needed. And that they could usually go straight to the RP or SI who was usually on site. Staff were not set any targets in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is mostly clean and is safe and secure from unauthorised access. It has sufficient space to safely carry out its workload.

### Inspector's evidence

The pharmacy had plenty of space for medications to be prepared and assembled safely. The lighting in the pharmacy was adequate. The pharmacy was quite warm but there were fans in the pharmacy to help reduce the temperature. The pharmacy was mostly clean, but the sink contained some limescale. The SI said that this would be cleaned. The pharmacy had two doors which were locked when the pharmacy was closed.

The pharmacy's online services were accessed via the Allcures website. The website gave the address of where medicines were supplied from. The website displayed the name of the superintendent pharmacist and the pharmacy's registration details.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store all its medicines requiring cold storage safely. This increases the risk that these medications are no longer fit or safe for purpose. However, the pharmacy obtains its medicines from reputable sources. And it responds to safety alerts and recalls appropriately.

### Inspector's evidence

The pharmacy was located in an industrial unit and was not open to the public. Its main service was dispensing multi-compartment compliance packs for care homes. And it also provided the new medicines service (NMS) and received hospital discharges and reviewed these for medicine changes. The pharmacy had separate areas for dispensing and checking medication. Prescriptions were usually prepared a few days in advance. Prescriptions were received from GP surgeries and checked by staff against previous prescriptions. Any discrepancies would be discussed with the surgery. Prescriptions for people who were in hospital were highlighted and their medication held until discharged from hospital. Medication labels were initialled by the dispenser and pharmacist to allow an audit trail of medication.

The pharmacy did not routinely complete checks for people taking high-risk medication such as warfarin and methotrexate. The RP said they usually relied on the surgery to check this information. The RP said in future that they would obtain this information before dispensing high-risk medication. The pharmacy staff were of the risk associated with sodium valproate and stated that they had no people in the at-risk category on the medication.

The pharmacy had a robot which dispensed some multi-compartment compliance pack medication, with the remainder being dispensed manually. Packs were labelled with the necessary warning messages. However, not all packs were supplied with patient information leaflets (PILs). This could mean that people may miss out on important warning and side effect information about their medicines. The SI said they would include PILs with the packs going forward.

Medicines were obtained from licensed wholesalers. Fridge temperatures were checked regularly, and the records seen indicated that the temperatures had stayed within the required range. However, the fridge contained a large amount of ice at the back which appeared to have affected some medication. Some medication had been frozen, and others had changed colour and consistency. The SI said he would transfer medication to another fridge and contact the manufacturers of the products in the affected fridge to see if they could still be used or should be disposed of. Expiry date checks were carried out frequently and there was a record to show this. A random check of medication on the pharmacy shelves showed no date-expired medications.

The pharmacy had a system in place for actioning drug alerts. Alerts were received and printed off. Once actioned, they were signed off and stored in a folder for reference if necessary. Deliveries were carried out to most people twice daily but some places further away from the pharmacy were delivered to less frequently. The SI explained that if an urgent item was required it could be posted. The SI confirmed that fridge items and CDs were never posted out. Any medicines that were posted out were sent via Royal Mail Special delivery and could be tracked. Processes were in place to deal with failed deliveries.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has suitable and sufficient equipment to manage its workload effectively.

### Inspector's evidence

The pharmacy had access to the internet so could access online resources when necessary. Its computers were password protected. The pharmacy had glass measures that were clean and were appropriately calibrated. It also had triangles to assist in counting tablets and had a separate one for dispensing cytotoxic medication. The pharmacy had a telephone, but they it was not cordless which could make it harder to have conversations in private. Some equipment had been PAT tested. The SI said he would check when this was next due to be completed.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.