

Registered pharmacy inspection report

Pharmacy Name: Allcures Pharmacy, Allcures House, Arisdale Avenue, SOUTH OCKENDON, Essex, RM15 5TT

Pharmacy reference: 1086373

Type of pharmacy: Internet / distance selling

Date of inspection: 28/03/2024

Pharmacy context

This pharmacy is located on an industrial estate in South Ockendon in Essex. It is an NHS distance-selling pharmacy which mainly dispenses medications for multi-compartment compliance packs for people residing in the community and in care homes. It also provides the New Medicines Service (NMS) and receives hospital discharges and reviews these for medicine changes for people in the care homes. The pharmacy also sells both General Sales List (GSL) and Pharmacy only (P) medicines through its website (www.allcures.com).

Overall inspection outcome

✓ Standards met

Required Action: None

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 |
|--|-------------------|------------------------------|------------------|-----|
| 1. Governance | Standards met | N/A | N/A | N/A |
| 2. Staff | Standards met | N/A | N/A | N/A |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | N/A | N/A | N/A |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages the risks associated with supplying medicines and selling medications online. The pharmacy keeps the records it needs to by law, and it has procedures in place to learn from mistakes. And people can provide feedback about the pharmacy in a variety of ways.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, these were in date and available electronically. The superintendent pharmacist (SI) could not be sure that all team members had read the SOPs, but he provided assurances that he would get all team members to read them and sign to say that they had read them. Staff members were seen following the SOPs and working in a safe and efficient manner.

The pharmacy's online business involved the sale and supply of GSL and P medicines to people based in the UK and Australia. Following action required from the previous inspection, the SI had completed risk assessments for the pharmacy's online sale of medicines. People were required to complete a questionnaire which was then reviewed by a pharmacist before orders were processed and dispatched. However, no audits of the online service had been completed. The SI gave assurances that he would look into completing audits of the pharmacy services to help review the level of safety and service provided by the pharmacy.

The pharmacy supplied a range of products including codeine-based analgesics and Phenergan. Certain high-risk medicines were put into two groups: group one and group two. Group one medicines could not be ordered within 90 days of ordering products containing codeine or Phenergan. Group two medicines could not be ordered within 30 days of ordering products containing codeine or Phenergan. Both group one and group two medicines were limited to one per household. Once an order was placed, that household would be unable to place another order for a period of three months. Identity (ID) checks were carried out manually inhouse by team members. People were required to provide photo ID and proof of address before orders were approved. Any orders that were requested too early, where ID was not provided, or where people were suspected of ordering from multiple accounts were cancelled. The person who made the order was also emailed explaining why the order had been cancelled and had their money refunded to them.

Following action from the previous inspection, the pharmacy provided details of the online orders of codeine and Phenergan containing products that had been approved and cancelled for the month prior to the inspection. This data showed that codeine and Phenergan containing products only made up a small amount of the pharmacy's online orders. And about half of these orders were cancelled. The most common reason for orders being cancelled was not receiving appropriate ID.

The pharmacy recorded details about near misses (where a dispensing mistake happened and was picked up before the medicine reached a person) in a book as they occurred. Dispensing errors (where there was a dispensing mistake, and the medicine reached a person) were recorded in more detail electronically. The SI stated that he would have one-to-one session with the team member(s) involved to discuss the error.

The pharmacy had a complaints procedure. The SI explained that people could contact the customer services department by phone or email if they wanted to raise a complaint about the pharmacy or the service they had received. Complaints would usually be dealt with by the customer service team but could be escalated to the SI if necessary.

The pharmacy had appropriate indemnity insurance. Records for controlled drugs (CDs) were largely in order and balance checks were completed regularly. A check of a CD medication showed that the balance in stock matched the recorded balance in the register. Records about unlicensed specials were complete and contained all the required information. There was no responsible pharmacist (RP) notice displayed when entering the pharmacy; the SI said he would get his notice displayed. However, the RP record was largely complete.

The pharmacy had separate bins for confidential waste and when these were full, the SI contacted an external company to collect and dispose of it appropriately. However, a couple of items of confidential waste were found in the general waste bin. The SI said he would complete some refresher training with the team on protecting people's personal information. The SI had completed safeguarding level two training with the Centre for Pharmacy Postgraduate Education (CPPE) and was able to explain what to do if he had a safeguarding concern. The pharmacy also had a list of safeguarding contacts on display in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members have completed the right training for the roles they undertake, and they feel comfortable raising any concerns. Team members do some ongoing training to help keep their knowledge and skills up to date. And they have a regular formal review of their progress.

Inspector's evidence

The pharmacy team consisted of the SI, seven dispensing assistants, one accuracy checking technician who checked medicines for care home residents and five delivery drivers. Team members were observed working in a safe and efficient manner during the inspection and the team was up to date with dispensing. The SI said all team members had either been enrolled on or had completed an accredited training course with an accredited training provider. The SI said that team members received training when a new product or service was introduced to the pharmacy as well as training on how to use the equipment such as the dispensing robot. Team members also had an annual formal appraisal with the SI to review their progress. Team members stated that they were happy with the work environment and could always raise issues if needed. They could generally go straight to the SI who was usually on site. Team members said that they were set some targets in the pharmacy related to the NMS service, but that these targets did not affect the team's ability to provide a safe and efficient pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and has plenty of space for team members to work in. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy had plenty of floor and desktop space for medicines to be dispensed safely. The room temperature and lighting in the pharmacy were adequate. There were a few boxes on the floor which presented a tripping hazard. The SI said that these would be moved. The pharmacy had a sink which was generally clean. Team members had access to toilets and suitable handwashing facilities. The pharmacy was kept secure from unauthorised access.

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

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely, and it stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it responds to safety alerts and recalls appropriately so that people get medicines and medical devices that are fit for use.

Inspector's evidence

The pharmacy had a distance selling NHS contract and was not open to the public. Its main service was dispensing medicines in multi-compartment compliance packs for care homes. The pharmacy also sold some General Sales List (GSL), Pharmacy only (P) medicines, medicines devices and other equipment through its website. All prescriptions and orders were delivered to people. Deliveries in the local areas were completed by the delivery drivers. They used a secure electronic device for making their deliveries. For delivery of CDs, people were required to sign a sheet to confirm receipt which was returned to the pharmacy. Deliveries to people outside the local areas was done by royal mail using a tracked delivery service. The SI confirmed that fridge items and CDs were never posted out. Processes were in place to deal with failed deliveries.

Prescriptions for care home residents were received from GP surgeries and checked by the pharmacy staff against previous prescriptions. Any unexpected changes or other discrepancies would be discussed with the surgery in the first instance.

The pharmacy had a robot which was used to dispense some of the multi-compartment compliance packs, with the remainder being dispensed manually. The SI said that the robot had been serviced recently. All packs were labelled with all the required dosage information and warning messages. The packs also included a description and picture of the medicines being supplied to help people identify their medicines. The SI stated that patient information leaflets were supplied monthly with all packs.

The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail.

Medicines were obtained from licensed wholesalers and invoices were seen to confirm this. Medicines requiring refrigeration were stored appropriately, no evidence of any ice build-up or deterioration of products seen. Improvements made in storage of medicines requiring refrigeration following the previous inspection were noted to have been maintained. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks were carried out every three months. A random check of medication on the pharmacy shelves showed a couple of medicines that had expired recently. The SI gave assurances that expiry date checks would be more frequent and more thorough going forward. The pharmacy had a system in place for actioning drug alerts. Alerts were received by email and printed off. Once actioned, they were signed off and stored in a folder for future reference if necessary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide a safe and effective service. And it uses this equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, allowing team members to access any online resources they needed. Computers were password protected. Team members were observed using their own NHS smartcards. However, the phones were located near the back of the pharmacy away from the main area where team members worked. The pharmacy had appropriate calibrated glass measures for measuring liquids which were clean. And it had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate to prevent cross-contamination. The SI said electrical equipment had not been PAT tested recently but said that he would look into getting that done in the near future.

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. |