

# Registered pharmacy inspection report

**Pharmacy Name:** Phlo - Digital Pharmacy, Office 002M, 1B1C, Holt Court South, Birmingham Science Park Aston, Jennens Road, BIRMINGHAM, B7 4EJ

**Pharmacy reference:** 1122210

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

**Date of inspection:** 02/10/2023

## Pharmacy context

This pharmacy is located inside an office building on a science park near to the centre of Birmingham. It is closed to the public and instead it offers NHS dispensing services at a distance. People access the pharmacy's services through the website <https://wearephlo.com/> or via a mobile phone App and they receive their medicines via a home delivery service which operates nationwide.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages the risks associated with its services. It keeps people's personal information safe and team members maintain the records needed by law. The pharmacy has written procedures to make sure the team work safely and effectively. Team members record their mistakes to help them learn and improve. And they understand how to raise concerns to protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were usually available electronically on the company network. They could not be viewed during the inspection due to a technical issue, but they were provided by the superintendent pharmacist (SI) after the inspection had concluded. The procedures detailed the roles and responsibilities of team members and they had been recently reviewed. Through discussion, team members demonstrated a clear understanding of their roles and explained that systems and procedures were updated on an ongoing basis. The pharmacy had professional indemnity insurance and a certificate seen was valid until the end of October 2023.

The pharmacy's patient medication record (PMR) system required each medication that was dispensed to be scanned. The PMR system had an in-built feature which detected if an incorrect medication had been selected and kept a record of this on a designated reports section. Other near misses were identified by the pharmacist during a final accuracy check. These near misses were recorded on a separate electronic system, which also had an incident reporting tool to document the investigation of any errors. All near misses and dispensing incidents were reviewed at the end of each month and discussed at a team meeting involving each of the company's pharmacy managers and the SI pharmacist. Changes were made in response to any issues identified and the pharmacist explained a recent process change which had helped to reduce the occurrence of delivery errors.

People using pharmacy services were able to provide feedback in a variety of ways, including via email or by phone directly to the company's customer care team. Any concerns raised about the pharmacy were usually reported to the pharmacy manager. If concerns could not be immediately resolved by the pharmacy manager, they were escalated to the SI pharmacist. Additional feedback was also collected through an external review platform.

The correct responsible pharmacist (RP) notice was displayed in the pharmacy and the RP log was in order. Records for private prescriptions were held electronically. Although all the necessary information was captured, it was not available in an easily reviewable format, which may create some ambiguity when reviewing records. The pharmacy retained records for the procurement of unlicensed specials, but they did not always provide a full audit trail from source to supply. The pharmacy manager agreed to resolve these minor record keeping issues. The pharmacy CD registers kept a running balance and regular CD balance checks were completed.

The pharmacy was closed to the public so there was little risk of unauthorised access to confidential information. Pharmacy team members had an understanding of data protection. Confidential waste

was segregated and removed by an external contractor for suitable disposal. Each pharmacy team member held their own NHS smartcard. The website associated with the pharmacy had a privacy policy displayed.

The pharmacist had completed safeguarding training. He discussed a previous safeguarding concern that had been identified by the pharmacy which had been referred to the patient's GP for further support. The contact details of other local safeguarding agencies were also available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are trained for the jobs they do. The team members work well together in a supportive environment, and they get feedback on their development. They feel comfortable raising concerns and contributing ideas to help improve the pharmacy's services.

### Inspector's evidence

The pharmacy team comprised of the regular pharmacist and a full-time dispenser. The workload in the pharmacy was generally manageable but it had increased in recent months. Pharmacy team members explained that in response to this, due to the limited space available in the pharmacy, some of the workload was in the process of being transferred to another branch. Leave was planned, so that the pharmacist and dispenser were never off at the same time. Locum pharmacists and locum dispensers were used to provide cover. The pharmacist explained, that due to some of the unique systems in the pharmacy, he would always ensure he worked alongside any new locum pharmacists for a period of time, usually half a day, to ensure that they had access to the necessary systems and were familiar and comfortable with the processes in the pharmacy.

The dispenser had completed training in a previous role. The pharmacy provided some ongoing learning, usually by issuing updates for team members to read. The pharmacy team members had also received training when a new PMR system had been implemented. The dispenser was completing a probationary period in the pharmacy, after beginning her role earlier in the year. As part of this, she received regular reviews with the pharmacist and other senior managers within the company.

There was an open culture in the pharmacy. Team members were happy to ask questions and raise concerns with the management. There was an internal communication and messaging system, where team members could communicate with management and teams based at other branches. The team felt that feedback was usually well received. And the pharmacist explained that a new system which involved a QR coded picking label had been introduced following feedback from the team on how to reduce the risk of delivery errors.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is well maintained and secure, but the lack of space impacts on general organisation and the overall professional appearance. Its website layout is clear and provides useful information about the pharmacy and the services available.

### Inspector's evidence

The pharmacy was located inside an office building on a science park. The premises were suitably maintained. Space was limited and several boxes were being stored on the floor which was a trip hazard. The pharmacy team members had acknowledged this and were in the process of reducing the stock holding in the pharmacy to create more space. The lighting throughout the premises was appropriate and the ambient temperature was suitably maintained.

There were separate areas for dispensing and checking and a sink was available for the preparation of medicines. The pharmacy had access to an additional small storage area which was used to store consumable items such as packing materials. There were staff facilities including a WC and break out area available within the wider office space.

The website associated with the pharmacy clearly displayed the address of each pharmacy premises, the name of the SI pharmacist as well as the relevant registration numbers and how the registration status could be checked. There was a second website [www.tryhabitual.com](http://www.tryhabitual.com) which stated that the pharmacy was the provider of a weight loss prescribing service and displayed the incorrect details of the SI pharmacist. The RP confirmed that the pharmacy was not associated with this service. This was escalated to the SI following the inspection and the pharmacy's details were removed from the website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible and well organised. It gets its medicines from licensed wholesalers, and team members carry out checks to help ensure that medicines are stored appropriately and are fit for supply. And the pharmacy seeks regular assurance to make sure the packaging and systems it uses to transport medicines maintain the right temperature during the delivery process.

### Inspector's evidence

The pharmacy's services were accessible through its website and through a mobile phone App. People were also able to speak to members of the customer service team via telephone, live chat and email. Clinical queries were referred to the pharmacist, or the head of patient care, who was also a registered pharmacist. The pharmacy website clearly explained how the service worked. It also had a healthcare hub with a number of blogs covering a wide range of health and lifestyle topics.

People using pharmacy services requested their medicines through the website or the App and requests were sent electronically to their GP surgery. Prescriptions were then received through the NHS electronic prescription service. The 'back-system' of the website was available to pharmacy team members and it generated a 'workflow' section which linked with the PMR. Team members printed a picking label marked with a QR code, which was checked against the prescription form. They also downloaded dispatch labels to use when sending medications out for delivery. Prescriptions were dispensed in baskets to keep them separate and reduce the risk of medicines being mixed up. An audit trail for dispensing and checking was maintained through the PMR system, which tracked each stage of the dispensing process. And it also kept a record of the batch number and expiry date of the medication being supplied.

Once dispensed, prescriptions were packaged into blank cardboard boxes, which were taken for delivery via Royal Mail using a tracked service. Prescriptions for fridge items were sent using an express next day delivery and they were packaged using ice blocks and specialist packaging. The pharmacy received a regular independent audit of the shipment process for fridge medications, to help ensure that the temperature was suitably maintained throughout the delivery process.

The pharmacy PMR system generated labels to identify high-risk medications which required additional monitoring. The pharmacist explained that these would be sent to patients with their medication to encourage monitoring. But the pharmacy did not routinely contact patients on these medications to provide additional counselling. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant, and the pharmacy had valproate alerts cards available. They had previously completed an audit on valproate, and they did not currently have any patients who were in the 'at-risk' criteria.

The pharmacy sourced its medicines from a variety of licensed wholesalers and unlicensed specials from a specials manufacturer. Medicines were stored on large shelving units, in the original packaging provided by the manufacturer. Some shelves were disorganised and cardboard boxes containing stock medicines were being stored on the floor. Team members had recognised these risks and were in

the process of tidying and date checking medicines. The PMR system also identified any incorrect medicines which were scanned for dispensing. No expired medicines were identified during random checks of the dispensary shelves. Obsolete medicines were stored in medicines waste bins. The pharmacy received alerts for the recall of faulty medicines and medical devices through an electronic alert system. Audit trails were maintained to record the action taken in response.

The pharmacy fridge was fitted with a maximum and minimum thermometer, and it was within the recommended temperature range. The temperature log was suitably maintained. CDs were stored appropriately, and two random balance checks were found to be correct.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to pharmaceutical resources and an unrestricted internet access was available to support further research. There were two British standard approved glass liquid measures and a counting triangle for tablets.

Electrical equipment was in working order. As the pharmacy premises were closed to the public, there was no risk of screens being viewed or conversations being overheard.

### 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.