

Registered pharmacy inspection report

Pharmacy Name: Aktive Pharmacy, Unit 37A, Bates Industrial Estate, Church Road, Harold Wood, Romford, RM3 0HU

Pharmacy reference: 9010197

Type of pharmacy: Internet / distance selling

Date of inspection: 10/08/2023

Pharmacy context

This is a distance-selling pharmacy located on an industrial estate in Harold Wood. The pharmacy supplies medications on private prescriptions via a transcribing service to people in the North America continent. It mainly sells medications for conditions including erectile dysfunction and hormone replacement therapy (HRT). It ships the medications via courier. It does not provide any NHS services. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages the risks associated with its service. There is a robust list of procedures for all activities and a risk assessment for the services provided has been completed. The pharmacy documents errors and there is evidence that the pharmacy learns from its mistakes. The pharmacy has a complaints procedure in place and staff have completed appropriate safeguarding training.

Inspector's evidence

The pharmacy dispenses private prescriptions for people who live overseas, mainly those living in the North America continent. The medication is prescribed by a doctor abroad and then transcribed by a doctor in the UK, registered with the General Medical Council (GMC), before being sent to the pharmacy to be dispensed. Upon entry to the pharmacy, the correct responsible pharmacist (RP) notice was displayed.

The pharmacy had a range of standard operating procedures (SOPs) available including those which covered the services provided. The SOPs were in date and had been read and signed by all team members. The responsible pharmacist (RP) on the day who was a locum pharmacist and had read SOPs. Team members all had their own individual folders with details of training they had completed. Confidential waste was collected in a separate bag and collected regularly and disposed of by an external company. The pharmacy had also completed risk assessments for the services provided and audits were completed monthly. Service level agreements (SLAs) were available and prescriber groups were required to sign and agree to follow these before prescriptions were accepted from them.

The pharmacy documented near misses regularly; these were mistakes they made during the dispensing process that had not gone out to people. These were recorded on log sheets which were kept near the RP's checking area. Team members provided an example of a recent near miss where the incorrect pack size of a medication had been dispensed. This had been recorded and the pack sizes had been fully separated on the shelf to prevent a similar mistake happening. The pharmacy also recorded dispensing errors where medication had left the pharmacy. They provided an example where the incorrect inhaler had been sent to the patient. This had been documented and the inhalers separated. A poster highlighting the difference between the types of inhalers was also displayed in the pharmacy.

The pharmacy had up-to-date indemnity insurance which covered all the services provided. A complaints procedure and whistle blowing policy were also available. A sheet with a QR code was provided with each medication package shipped; this gave details of which pharmacist had checked the medication. The pharmacy did not supply any controlled drugs (CDs). It kept records of private prescriptions which were well maintained. The RP log was largely complete with the RP signing in and out each time they left the pharmacy including for their break.

The pharmacy had an information governance policy available as well as a nominated information governance lead. The RP and team members had completed the appropriate safeguarding training. A folder in the pharmacy also listed the details for local safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to carry out its day-to-day workload. Staff are appropriately trained to carry out their roles. Staff have no issues raising any concerns that they have.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the trainee dispenser and a locum pharmacist. Team members were seen to be able to manage the workload during the inspection. Other team members who were not present included two regular pharmacists and two dispensers. Team members had completed the necessary training or were in the process of completing this for their roles. Each team member had an individual folder which showed the training they had completed. Ongoing team training was completed on an ad-hoc basis. Team members also had a yearly review to discuss their progress and set new objectives for learning.

Team members had no issues regarding raising concerns and were said their concerns were always taken on board. The dispenser knew the activities that could and could not be done in the absence of a responsible pharmacist. The team members were not set any targets with regards to their work.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure and protected from unauthorised access. The pharmacy is generally clean and tidy and has enough space for staff to carry out their work.

Inspector's evidence

The pharmacy was not open to the public. The pharmacy was a good size and had plenty of space for assembling and checking prescriptions. The pharmacy was largely clean and tidy. It contained a sink which did not appear to be used and had some boxes in it. The pharmacy was secure from unauthorised access. The lighting was suitable, and the pharmacy had air conditioning to adjust the temperature.

Following the previous inspection, the pharmacy's website had been deactivated. The pharmacy was not providing any services via its website at the time of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and efficiently. The pharmacy obtains medicines from suitable wholesalers. It stores its medicines appropriately and maintains its records appropriately to demonstrate this. The pharmacy manages safety alerts and recalls in a safe and efficient manner.

Inspector's evidence

The pharmacy was located at the back of an industrial estate with no access to the public. Its main service was dispensing and shipping medicines to people overseas mainly the USA and Canada. Prescriptions were written overseas by an appropriate prescriber who had seen the person. These were then uploaded to a portal by an affiliate where they were reviewed and transcribed onto a UK prescription by a GMC-registered doctor. The pharmacy had carried out checks to assure themselves that the prescribing company was registered with the Care Quality Commission (CQC). The prescriptions were first 'therapeutically' checked by the RP and if they were satisfied then these were sent to be dispensed and were then accuracy checked by the RP before being shipped to the appropriate person. The pharmacy had an SOP for this procedure and staff were able to show how the system worked during the inspection. The dispenser was observed using the transcribed prescription to dispense from during the inspection.

The UK-based prescriber had access to clinical records which showed the person's current medical conditions, current medicines they were taking, the date on which they had last been reviewed by their prescriber, allergies and other health and social information. As part of the service level agreement (SLA) there was a requirement for the primary prescribers to supply further information about monitoring for people on long-term medication. The UK-based prescriber did not make any additional notes that were accessible to the pharmacy.

Deliveries of medicines were sent by Royal Mail using international tracked delivery. People were provided with a tracking number for their medicines. The person was required to sign for their medication when receiving it. If a medication could be delivered and signed for it was returned to the pharmacy. The dispenser explained that this only happened very rarely, and a log was kept of returned orders. No CDs or medicines requiring cold storage were shipped. Baskets were used to separate out prescriptions and reduce the chance of prescriptions getting mixed up. The pharmacy team had carried out checks to ensure medicines being sent abroad were suitable to be sent to the destination country.

The pharmacy obtained medicines from licensed wholesalers. The pharmacy had a fridge which was used to store medicines that only needed to be stored at cold temperatures until they were supplied. Fridge temperatures were checked daily and were within the required range for the storage of medicines. Expiry date checks were carried out weekly with a log of which medicines would be done and by whom. A random check of medicine stock on the pharmacy shelves found no out of date medicines. Medicines were stored tidily on the shelves.

The pharmacy managed safety alerts and recalls well. It had a folder with print outs of the alerts which were received via email. The folder also contained details of any actions taken by the pharmacy for each alert. The pharmacy team was aware of the safety precautions of valproate-containing medicines. The pharmacy did not have any stock of these medicines and had not received any prescriptions for

them. The team members explained that they would not supply valproate-containing medicines and would contact the prescriber to inform them of this. The pharmacy could provide additional support for people with disabilities such as supplying large-print labels for people with sight problems. But they stated they had not had to do this yet.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs to carry out its services safely and effectively. It uses its equipment to maintain people confidentiality.

Inspector's evidence

The pharmacy computers were password protected and had access to the internet allowing the pharmacy to access online resources when needed. Equipment was in full working order during the inspection.

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.