General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: 29 Fleet Street Limited, 29 Fleet Street, London, EC4Y 1AA

Pharmacy reference: 9010697

Type of pharmacy: Internet / distance selling

Date of inspection: 18/06/2019

Pharmacy context

This is a distant-selling (internet) pharmacy which is located in a private GP and travel clinic in central London. It currently only dispenses two prescription only medicines which it supplies as part of 'medical kits' for travellers.

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
1. Governance	Standards not all met	1.5	Standard not met	The pharmacy does not have appropriate indemnity insurance in place.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members are well trained and supported to undertake ongoing learning.
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 not all met**

Summary findings

The pharmacy generally manages risks well to make sure people are kept safe. But it cannot demonstrate that it has appropriate indemnity insurance to cover its activities. It does not always keep a record of who the responsible pharmacist is. So it may be harder to find out who the pharmacist was if there was a query. However, it protects people's personal information well and members of the team understand how they can protect the welfare of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were in place to support the safe and effective provision of services. The SOPs were due to be reviewed by September 2019. Both the superintendent pharmacist (SI) and dispensing assistant had read the SOPs, but audit trails were not maintained to confirm this.

An 'incident book' was available to record any near misses or errors. Members of the pharmacy team said there had not been any near misses or dispensing errors since the pharmacy started providing services, mainly due to the fact that a limited number of items were dispensed.

Risk assessments were conducted every six months by the SI and the clinic quality manager. Ciprofloxacin tablets were now longer prescribed following a recent risk assessment and after the team had received a safety alert about tendon rupture with quinolones. The clinic was now only prescribing azithromycin for travellers' diarrhoea. A more robust system of receiving and actioning drug alerts and recalls was now also in place following an inspection of the clinic by the Care Quality Commission.

An indemnity insurance certificate was not available at the time of inspection. A copy of an in-date insurance policy was sent to the inspector following the inspection. However, the policy did not provide any indemnity cover as a service provider.

A responsible pharmacist (RP) sign was not displayed and an RP record was not maintained. Templates for both were printed out at the time of inspection. The dispensing assistant said she did not work in the dispensary if the pharmacist was not present at the clinic. The dispensary was kept locked when not in use.
The pharmacy did not provide emergency supplies and did not dispense unlicensed medicines or controlled drugs. The pharmacy had a private prescription register available, but it was currently not dispensing medicines against private prescriptions. The SI said that only two prescription only medicines (POMs) were supplied as part of the medical kits, ondansetron and azithromycin tablets.

People were able to give feedback over the telephone or by email. A complaints procedure was in place and this was outlined on the pharmacy's website. The pharmacy premises were kept locked when not in use, so that other members of staff working at the clinic could not access the dispensary. Confidential waste was collected by an approved waste contractor and the computer was password protected. Medical questionnaires filled in by people and sent to the pharmacy team were stored in a locked cabinet when they were printed out. The SI and dispensing assistant had both completed online training about the General Data Protection Regulation.

The SI and dispensing assistant had completed level two training about safeguarding vulnerable people. There was a safeguarding lead at the clinic and the dispensing assistant said she could speak to them for advice or to raise concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. It provides suitable training for members of the team to help to ensure its services are provided safely.

Inspector's evidence

During the inspection, there was the SI and a dispensing assistant, who was also a registered nurse working at the clinic. The dispensing assistant had completed the dispensary assistant course the previous year.

The SI worked in the pharmacy as and when she was required, according to orders received for the medical packs. This was currently less than once a month. She worked at the clinic on a regular basis, but not necessarily at the pharmacy. The dispensing assistant said she did not work at the pharmacy if the SI was not in.

The dispensing assistant was provided with set study time. She read pharmacy magazines and completed continuing professional development (CPD) cycles as part of her role as a travel health specialist nurse. She had recently returned from a four-day travel medicine conference in the United States of America and had also attended a workshop on hormonal contraception. She regularly completed e-Learning modules, for example, on immunisation, infection control and yellow fever.

Appraisals were conducted annually. The dispensing assistant said she was happy to raise concerns with the SI or the clinic’s medical director. Targets were not set for the dispensing assistant or SI.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, and the pharmacy provides a safe and secure environment for people to receive services.

Inspector's evidence

The dispensary comprised of a small room which was located on the third floor of the clinic. There was a desk, a shelving unit and a fridge inside the room. The room was clean and organised. A staffed reception area was located on the ground floor of the clinic. A WC was located opposite the dispensary. This was fitted with a sink for hand washing. The temperature was suitable for the storage of medicines and there was good lighting throughout the dispensary. The dispensary was kept locked when not in use. The clinic was secure.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services in a safe way. It obtains its medicines from reputable sources and keeps them secure and generally stores them properly. This helps it make sure that they are safe for people to use.

Inspector's evidence

Services were advertised on the clinic's website. People were able to contact the directly pharmacy for advice. Calls were diverted to an on-call physician at the weekends and during closing hours.

The pharmacy's website contained the following information: the pharmacy's registration number, registered address, email address, telephone number, company name and number and name of SI pharmacist. The MHRA and GPhC logos were also displayed.

People selected the medical kit required. The 'gastro kit' contained two POMs, ondansetron and azithromycin tablets, as well as loperamide, rehydration sachets, water purification tablets, hand sanitiser and indigestion relief tablets. People were then asked to complete a questionnaire which gathered information on the person's details, medical history, allergies, other conditions or problems as well as trip details. The SI said people could be contacted directly if their questionnaires were incomplete.

People filling in the online questionnaires were requested to read statements confirming that the medication was for their own use, that they would use the antibiotic or other prescription medication in accordance with the instructions given in the pack and that they had reported all current medication and any medical conditions.

The medical questionnaire was first screened by the on-site doctor who sent it to the pharmacy team. The pharmacy team then assembled the kit. A prescription was not generated by the on-site doctor. The pharmacy team assembled the kit against the approved medical questionnaire which the doctor sent to them electronically. But the pharmacy's indemnity insurance mentioned prescriptions rather than medical questionnaires. Not dispensing against prescriptions may also make it harder for the pharmacy to find out more detailed information if there was a future query. The SI said that the doctor would be asked to generate private prescriptions before POMs were dispensed for people and provided in the kits.

Updates on antibiotic resistance were checked regularly. The SI said that the pharmacy had stopped dispensing ciprofloxacin due to increased risks of resistance. Audit trails for the dispensing and checking of the medical kits were maintained in the private prescription book.

Medicines were obtained from licensed wholesalers. The pharmacy kept a limited number and range of medicines. The SI said that the software needed to meet the Falsified Medicines Directive (FMD) was in place but was currently not in use. She said she would be looking into updating the dispensing process to ensure that the pharmacy was FMD compliant.

Foil blisters of medicines were removed from their original outer pack and placed in plastic wallets which were pre-labelled with instructions. The labels were updated with patient name and the date of when the kits were assembled. Some pre-packs were not labelled with batch numbers and expiry dates and this information was not always visible on the cut foil blisters. The dispensing assistant said that the medicines would be kept in their original pack in the future as this would also help meet the FMD requirements.

Patient information leaflets (PILs) were supplied with all POMs to ensure that people had up-to-date information about their medicines.

Stock was obtained from a reputable wholesaler. Stock checks, which included expiry date checks, were conducted daily and were documented. No date-expired medicines were found during the inspection. Drug alerts and recalls were received from the MHRA, printed out and signed by dispensing assistant to confirm they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

The computer was password protected. A large medical fridge was available. It was clean and suitable for the storage of medicines but was currently not being used for pharmacy stock. Waste medicine bins were available at the clinic. These were stored in locked cupboard. Staff had access to the internet access and up-to-date reference material.

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.