

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: 22/03/2022

Pharmacy context

This is a distant-selling pharmacy located within a private clinic in the City. The clinic is registered with the CQC. The pharmacy dispenses a few prescription-only medicines as part of 'travel packs' which it sells online. The pharmacy has not been providing any services since the start of the Covid-19 pandemic and has resumed only recently. The inspection took place during the Covid-19 pandemic.

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 met	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Pharmacy team members are supported to undertake on-going learning and are provided with time in work to complete it.
3. Premises	Standards not all met	3.1	Standard not met	The website for the pharmacy's associated prescribing service allows the selection of prescription-only medicines prior to a consultation.
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 adequately manages the risks associated with its services. It generally keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members react appropriately.

Inspector's evidence

The pharmacy had stopped providing its services since the start of the pandemic as its only service was providing a few prescription-only medicines (POMs) within travel packs. The pharmacy had only recently resumed services and its volumes were relatively low.

Standard operating procedures (SOPs) were held electronically. These had recently been reviewed by the superintendent pharmacist (SI) following the release of updated guidance for distant selling pharmacies from the General Pharmaceutical Council. There had not been any significant changes made to the pharmacy's SOPs. Electronic records were held for each team member to confirm which SOP they had read.

There was a process in place to deal with near misses, where a dispensing mistake was identified before the medicine was handed to a person. These were documented in an 'incident book' and discussed with the dispensing assistant. There had not been any near-misses recently as the pharmacy had not provided services for some time. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors). The SI said she would investigate the dispensing error and complete an online reporting form. Dispensing mistakes were discussed during the clinical governance meetings which were held with other team members working in the clinic. There had not been any dispensing errors recently.

The SI said that risk assessments would be conducted every 6-12 months to review and assess the medicines supplied, countries people were travelling to, medical alerts and recalls, as well as antibiotic resistance levels. These would help determine if the antibiotics supplied within the travel packs were still relevant and suitable. Ciprofloxacin tablets were no longer prescribed following a previous risk assessment and after the team had received a safety alert about tendon rupture with quinolones.

The pharmacy had current indemnity insurance cover. The correct responsible pharmacist (RP) notice was displayed. Samples of the RP record were seen to be well maintained. The dispensing assistant understood her role and responsibilities and described what she could and could not do in the absence of the RP. The private prescription record was generally completed in line with legal requirements. The pharmacy did not provide emergency supplies, unlicensed medicines, or controlled drugs.

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 on the General Data Protection Regulation.

The SI had completed Level 5 training on safeguarding vulnerable people as part of her role as a Covid-19 vaccinator elsewhere. The dispensing assistant had completed Level 2 training on the subject. 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. Team members are provided with time at work to complete ongoing training and have access to a range of resources to help keep their skills and knowledge up to date.

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 SI worked at the pharmacy as and when she was required, according to orders received for the travel packs. She worked at the clinic on a regular basis. 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 at work. She read pharmacy magazines and completed continuing professional development (CPD) cycles as part of her role as a travel health specialist nurse. She regularly completed e-learning modules, for example, on medicines management, Covid-19, travel health, data awareness, infection control, safeguarding and immunisations. An online record was maintained for all training modules the dispensing assistant had completed. She was also in the process of completing National Examination Board in Occupational Safety and Health training to obtain health and safety qualifications, with the aim of becoming responsible for risk management at the clinic.

The SI pharmacist also completed regular training, CPD cycles and reflective accounts. Some examples of training completed included medicines management, Covid-19 vaccine provision, safe handling of vaccines, risk assessments, basic life support and child life support

Appraisals were conducted annually. The dispensing assistant said she had the opportunity to discuss how well she was doing, future goals, training, and development. She was happy to raise concerns with the SI or the clinic's medical director. Targets were not set for the pharmacy team.

Principle 3 - Premises Standards not all met

Summary findings

The website for the pharmacy's associated prescribing service allows the selection of prescription-only medicines before an appropriate consultation with a prescriber. Otherwise, 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 and shelving units in 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.

The clinic's website had a section for the pharmacy's services. The part of the website for the pharmacy displayed the required information, including the pharmacy's GPhC registration number, the name of the superintendent pharmacist, and the name and physical address of the registered pharmacy that supplied the medicines. The contents of the packs, which included POMs were listed on the website and people were able to select the packs before starting a consultation. The website was amended shortly after the inspection so that people were no longer able to see details of the POMs. However, the website still stated that the travel packs contained antibiotics and so people were still able to select a POM before starting a consultation. People were able to add the travel kit, which contained the POM, by clicking on an "add to cart" button. This made the website appear transactional and could mean that there is an increased risk that people might not always receive the most suitable medicine for their needs.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was not accessible to members of the public. Services were advertised on the clinic's website. People were able to contact the pharmacy directly for advice. Calls were diverted to an on-call physician in the weekends and during closing hours.

The pharmacy dispensed several travel packs. 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. The contents of the packs, including the POMs, were listed on the website. People selected the pack they required and added it to the basket. They then completed a questionnaire which gathered information on their medical history, allergies, other conditions or problems, as well as trip details. The SI said that people could be contacted directly if their questionnaires were incomplete. The selection of a POM prior to starting the consultation was discussed with the SI.

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 doctor in the on-site clinic who generated a prescription and sent it to the pharmacy team. The pharmacy team then assembled the kit. Audit trails for the dispensing and checking of the medical kits were maintained in the private prescription book.

The SI checked updates on antibiotic resistance regularly. The pharmacy had stopped dispensing ciprofloxacin in the past due to the increased risk of resistance and other potential complications.

Medicines were obtained from licensed wholesalers. The pharmacy kept a limited number and range of medicines and only original packs were dispensed. Expiry date checks were done regularly. No expired stock was found on the shelves. Drug alerts and recalls were received from the MHRA and actioned by the pharmacy team in a timely manner. An electronic log was maintained to help keep track of any action taken. The room temperature was monitored to ensure that medicines were stored in appropriate conditions.

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. 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.