

Registered pharmacy inspection report

Pharmacy Name: iClick Pharmacy, Unit 89, Shelton Enterprise Centre, Bedford Street, Stoke-on-Trent, Staffordshire, ST1 4PZ

Pharmacy reference: 9010981

Type of pharmacy: Internet / distance selling

Date of inspection: 17/07/2023

Pharmacy context

This pharmacy is located on a business park in a residential area of Stoke-on-Trent. It is not open to the public and instead it provides NHS services at a distance. The pharmacy has a website www.iclickpharmacy.co.uk which provides information about its services. It mainly dispenses and delivers prescriptions to people in the local area, but it sometimes supplies people who live further afield. The pharmacy also supplies some medicines in multi compartment compliance aid packs, to help make sure people take their medicine at the right time.

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 suitably identifies and manages risks, and it keeps the records it needs to by law. Its team members are clear about their roles, and they understand how to keep people's private information safe. The pharmacy encourages feedback to help identify where services could be improved.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering the operational tasks and activities in the pharmacy. The procedures had been recently reviewed and team members had signed training logs confirming that they had read the procedures and agreed to follow them. Team members were clear about their roles and responsibilities. The pharmacy had professional indemnity insurance and an in-date certificate of insurance was seen.

The pharmacy had a near miss log, but the details of potential causes and actions taken to prevent near misses were not routinely recorded. This may limit the information available for review. Regular informal feedback was provided to team members highlighting any patterns and trends that were identified from the near miss log and actions were taken to help prevent reoccurrence. This included the use of shelf edge labels to encourage care when selecting medicines. The pharmacist explained how any dispensing incidents would be reported through an electronic system, but he was not aware of any recent incidents.

The pharmacy had a complaint procedure, which was fully explained on its website. The procedure clearly listed the ways in which people could contact the pharmacy, including by email, post, and telephone. Complaints were referred to the superintendent pharmacist to investigate. A dispenser explained that team members also spoke with patients regularly when ordering their medicines and asked if they were happy with the service they were receiving. The pharmacy had distributed leaflets which people could use to provide feedback about the pharmacy's services.

Responsible pharmacist (RP) notices were displayed for both of the regular pharmacists, which was confusing, but rectified once highlighted. The RP log was suitably maintained, as were CD registers which kept a running balance and were regularly audited. The pharmacy had a private prescription register but it had not dispensed a private prescription in some years. Records for the procurement of specials did not always provide a full audit trail from source to supply, which the pharmacist agreed to rectify moving forward.

The pharmacy had several information governance policies, but training logs had not been signed by all members of the pharmacy team. Through discussion, team members demonstrated an understanding of confidentiality and a dispenser explained how people's information was kept safe. The pharmacy shredded all confidential waste. Team members had their own NHS smartcards, but not all of them worked and one of the dispensers was in the process of getting her card unblocked.

The pharmacists had completed safeguarding training and the contact details of local safeguarding agencies were available for reference.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do, and they feel comfortable raising concerns and providing feedback. But there is no structured ongoing learning in place, so the pharmacy may not always be able to show how team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy had two regular pharmacists, one of whom was the superintendent, who usually worked as the RP, but she was currently absent. The pharmacy also employed three dispensers. Two dispensers were present, and the third was on a scheduled day off. A new team member had also recently been employed and was completing a two-week trial period. The workload was manageable and team members arranged leave amongst themselves to ensure that sufficient cover was maintained.

All team members were currently enrolled on training courses and received progress reviews from the regular pharmacist and college course tutors, who attended the pharmacy periodically. There was no additional structured learning in place. The pharmacy team members worked well together and were happy to raise concerns and provide feedback to the pharmacists. No targets were in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It provides adequate space for the delivery of pharmacy services. And its website appears professional and provides useful information about the pharmacy's services.

Inspector's evidence

The pharmacy was suitably maintained, but some of the interior fixtures and fittings appeared worn in places. There was adequate lighting throughout the premises and the ambient temperature was appropriately controlled. Team members had access to WC facilities within the building, which were fitted with suitable handwashing facilities.

Storage space in the pharmacy was limited and a few tote boxes were being stored on the floor, which may cause a trip hazard. The dispensary layout provided separate work benches for dispensing and checking.

The pharmacy's website www.iclickpharmacy.co.uk, advertised the services available and provided information about the pharmacy. It displayed the details of the pharmacy superintendent. As the pharmacy was closed to the public there was no consultation room. Any private consultations were discussed over the phone.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed so that people receive appropriate care. The pharmacy sources its medicines from reputable suppliers, and team members complete some checks to help make sure that medicines are suitably stored and fit for supply.

Inspector's evidence

The pharmacy's services were accessed via its website or through telephone. Pharmacy team members signposted people who required other services to alternative providers within the local area.

Prescriptions were dispensed using baskets, in order to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload. The pharmacy used cards to identify prescriptions for CDs, fridge items and high-risk medicines. Valproate warning cards were also available. The pharmacist confirmed that the pharmacy did not currently supply any valproate-based medicines to people in the at-risk criteria.

Repeat prescriptions were organised into a four-week cycle. People were contacted to identify the medications which were required each month and requests were sent to the GP surgery via email. But the team did not keep a formal audit trail of requests, which may mean that they do not immediately identify unreturned prescriptions or discrepancies. The pharmacy worked closely alongside team members at each care home to identify any urgent acute prescription items. Some medicines were supplied in multi compartment compliance aid packs. Compliance aid packs had patient identifying details to the front and descriptions were present to enable individual medicines to be identified. Patient leaflets were supplied. Deliveries were usually completed by one of the pharmacists. But a delivery audit trail wasn't maintained, so the pharmacy may not always be able to show what has happened in the event of a query.

The pharmacy sourced its medicines from several reputable wholesalers. Team members had completed a recent date check and short dated medicines were highlighted, but records of this were not available. Two expired medicines were identified during random checks of the dispensary shelves. These were removed and placed in suitable medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email and an audit trail was maintained recording the actions taken in response.

CDs were stored securely. The pharmacy had a fridge which was equipped with a maximum and minimum thermometer. The temperature was checked and recorded each day and a record of this was maintained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team member use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to the British National Formulary (BNF). Internet access was also available to enable further research. There were several Crown stamped glass liquid measures available, which were clean and suitably maintained. Counting triangles for tablets were also available.

Electrical equipment appeared to be in working order. Computer systems were password protected.

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.