

# Registered pharmacy inspection report

**Pharmacy Name:** Easy Pharmacy, Unit 11, Littleton House, Littleton Road, Ashford, Surrey, TW15 1UU

**Pharmacy reference:** 9011078

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

**Date of inspection:** 25/06/2019

## Pharmacy context

This is a pharmacy which provides NHS services to people at a distance. And people cannot visit its premises in person. It is set in an industrial unit on the outskirts of Ashford. It sells over-the-counter medicines to people through its website. And it dispenses NHS prescriptions. It supplies medicines to care homes and provides multi-compartment compliance aids to help people take their medicines.

## 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 has most of the written procedures it needs to help make sure its team works safely. And it adequately monitors the safety of its services. People who work in the pharmacy know what their roles and responsibilities are. And they review the mistakes they make to try and stop them happening again. The pharmacy has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. But it could do more to make sure they're checked regularly. The pharmacy acts upon people's feedback. And it keeps people's private information safe. The pharmacy team understands its role in protecting vulnerable people.

### Inspector's evidence

The pharmacy opened about six months ago. It had standard operating procedures (SOPs) in place for most of the services it provided. But they didn't include its processes for its multi-compartment compliance aids dispensing service. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles.

The responsible pharmacist (RP) kept the main dispensing workstation tidy and pharmaceutical stock was stored in an organised fashion. He used plastic baskets to keep people's prescriptions separate and to help him prioritise the dispensing workload. He referred to prescriptions when labelling and picking medicines. He took a short break between assembling and checking each prescription as he was solely responsible for the dispensing process at the time of the inspection. And he initialled each dispensing label in line with the SOPs.

People needed to set up individual accounts before purchasing over-the-counter (OTC) medicines through the pharmacy's website. But they weren't required to provide any proof of identity. So, the pharmacy relied upon its card payment processing company to help prevent fraudulent transactions. The pharmacy team was evaluating what additional measures it could take to verify a person's identity. People selected the OTC medicine they wanted. They only needed to complete an online questionnaire when requesting a pharmacy (P) medicine. And they were asked to provide the details of their registered doctor or GP and their consent for the pharmacist to access their NHS Summary Care Record (SCR) when requesting one. The RP reviewed each request to determine whether it was appropriate to sell the P medicine. He recently declined to make a supply of a P medicine to a customer as he couldn't access their SCR and they didn't want to answer his questions when he contacted them. The pharmacy currently sold about three OTC products a week through its website.

The pharmacy had procedures in place to record, manage and review dispensing errors and near misses. But only one mistake has been made since the pharmacy opened. And this led to the RP separating different strengths of lisinopril on the dispensary shelves to reduce the chances of the wrong one being picked again.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in the SOPs. The RP knew what he could and couldn't do, what he was responsible for and when he might seek help.

The pharmacy had a complaints procedure in place. And details of how people could provide feedback

about it were published on its website. Changes have been made to the pharmacy's website following people's feedback. And the pharmacy's controlled drug (CD) processes were strengthened following feedback from the inspector.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through Numark. The pharmacy's emergency supply records and its RP records were adequately maintained. The pharmacy hasn't dispensed any private prescriptions since it opened. The date a 'specials' line was obtained wasn't included in the pharmacy's 'specials' records. The pharmacy team forgot to record the recent receipt of a schedule 2 CD in the pharmacy's CD register. The RP entered this transaction into the CD register during the inspection. The address from whom a CD was received from was sometimes omitted from the CD register. The address of a healthcare professional collecting a schedule 2 CD, such as the RP when he delivered to people, wasn't always recorded in the CD register. And the CD register's running balance wasn't checked regularly too.

Confidential waste was shredded on-site. Information governance procedures were in place which the pharmacy team was required to read and sign. The pharmacy's private policy was published on its website. The RP was in the process of registering the company with the Information Commissioner's Office. And he recently completed an information governance audit.

A safeguarding policy was in place and key contacts for safeguarding concerns were available. The RP has completed some safeguarding training. And he could explain what to do or who he would make aware if he had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective care. Its team members use their judgement to make decisions about what is right for the people they care for. The pharmacy team's professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 45 hours a week. And it dispensed about 1,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP) and a part-time delivery driver. The RP worked at the pharmacy five days a week and was the company's superintendent pharmacist. The delivery driver only worked a few hours each week when deliveries needed to be made. The RP was reliant upon locum pharmacists to cover him if he was absent or when the pharmacy was busy.

The RP was responsible for supervising and overseeing the supply of medicines from the pharmacy. He assessed the clinical appropriateness of each prescription and, when necessary, contacted the clinician who prescribed it to determine if a supply should be made.

The RP had time whilst working at the pharmacy to ensure his knowledge was up to date and he often read pharmacy related articles.

A whistleblowing policy was in place. And the RP was receptive to, and encouraged feedback from, locum pharmacists and the delivery driver. Changes were made to the dispensary's layout following their feedback. The company does not set targets or incentives for its staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment to deliver its services.

### Inspector's evidence

The pharmacy was located within a self-contained unit on the first floor of a shared industrial building. The pharmacy was bright, clean and adequately presented. But it wasn't air-conditioned. So, staff relied upon a few floor-standing fans to keep the premises and themselves cool during hot weather.

The pharmacy had ample storage space. But it had a limited amount of workbench available for its current workload. So, baskets containing partly assembled prescriptions were kept on the floor when the pharmacy was busy.

The pharmacy had a small office that could be used to make sure people could have private telephone conversations with the RP when necessary. The pharmacy's sink was clean. But it didn't have a supply of hot water. A hot water supply was available from a communal area of the industrial building.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy tries to make sure its services are accessible to people. And it makes sure people have the information they need to take their medicines safely. It delivers prescription medicines to people's homes and keeps records to show that it has done so. It gets its medicines from reputable sources and it usually stores them appropriately and securely. The pharmacy team checks stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy generally disposes of people's waste medicines safely too. But it could do more to make sure medicines requiring special handling are disposed of appropriately.

### Inspector's evidence

The pharmacy provided its NHS services at a distance. People could contact the pharmacy by post, email or telephone. The RP counselled people or care home staff over the phone. The pharmacy's website generally complied with published GPhC guidance. The pharmacy's services were advertised online. The RP knew what services were offered from the pharmacy and where to signpost people to if a service couldn't be provided.

Health and beauty products bought through the pharmacy's website were delivered to people using the Royal Mail's postal service. But no P medicines have been posted since the pharmacy opened. The RP was evaluating the pharmacy's delivery process to see if it needed strengthening.

The dispensing service was provided by the RP. A dispensing audit trail was maintained for the assembled prescriptions seen. And a delivery audit trail was maintained too. The pharmacy used disposable and tamper-evident multi-compartment compliance aids for its compliance aids service. A brief description of each medicine contained within the compliance aids was provided. And patient information leaflets were routinely supplied with people's medication.

The RP was aware of the valproate pregnancy prevention programme. And he knew that people who may become pregnant who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available online and some printed copies were ordered during the inspection.

Recognised wholesalers, such as AAH, Alliance Healthcare, B&S and Bestway Medhub, were used to obtain medicines and medical devices. Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius. CDs, which were not exempt from safe custody requirements, were appropriately and securely stored.

Most medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which staff were required to document.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. The RP explained that the pharmacy should comply with the

requirements of FMD by the end of October.

Procedures were in place for the handling of patient-returned medicines and medical devices. The pharmacy didn't accept waste from its nursing homes. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, to the delivery driver were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products. And some cytotoxic medication was found in a receptacle intended for non-hazardous waste.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had access to up-to-date reference sources. It also had access to Numark's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too.

The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly. Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and 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.  |