

# Registered pharmacy inspection report

**Pharmacy Name:** Oxford E-Pharmacy, Office Suite 10, First Floor,  
Interzone House, 74-77 Magdalen Road, Oxford, Oxfordshire, OX4  
1RE

**Pharmacy reference:** 9011090

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

**Date of inspection:** 18/11/2019

## Pharmacy context

This is a closed pharmacy in Oxford that provides its services from a distance. The pharmacy dispenses NHS and private prescriptions. It delivers medicines to people's homes and supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time. The pharmacy also has an online website from where people can buy over-the-counter (OTC) medicines through a separate company.

## 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

Overall, the pharmacy's working practices are conducted in a satisfactory manner. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And, it adequately maintains most of its records in accordance with the law. But, members of the pharmacy team don't always record enough or accurate details for some of its records. This could mean that they may not have enough information if problems or queries arise in the future.

### Inspector's evidence

This was a relatively newly registered pharmacy. The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. The SOPs in the main, were specific to the nature of the business and had been implemented in March 2019. The team's roles and responsibilities were defined within the SOPs and the staff had read as well as signed them. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day. However, other than one document seen which recorded details about a risk assessment, there were no other details seen recorded or information about any audits for the services that were provided at a distance. The pharmacy also did not hold a business continuity plan and its SOP for the online sales of medicines did not match its current practice of supply through a third party (see Principle 3).

The pharmacy was clear of clutter and organised. There was enough work space available to dispense prescriptions and separate areas for prescriptions to be processed, assembled and accuracy-checked by the RP. The workflow and each of the different stages were laid out so that the processes flowed around the pharmacy in a circular motion with easy access to medicines. This helped to prevent errors. The pharmacist explained that there was usually another member of staff present to assemble medicines but if self-dispensing was required, he would leave a physical and mental break before conducting the final accuracy check.

The pharmacy had processes in place to record and learn from internal mistakes. However, there had been no entries recorded and staff stated that no near misses, incidents or complaints had happened since the pharmacy began trading (since March 2019). This was put down to the pharmacy's current low volume of dispensing, staff could work at their own pace and there was little distraction because of the closed environment. There was a documented complaints process present, the RP described handling incidents in line with this and people could access information about the pharmacy's complaints process from the website.

The pharmacy obtained consent from people to provide its dispensing services, this included ordering medicines on behalf of people and delivering medicines to them. This was obtained in writing and through the pharmacy's website. Records were seen to verify this.

Confidential information was contained within the pharmacy, there were SOPs to guide the team, risk assessments about information governance had been completed and confidential waste was shredded. Summary Care Records (SCR) had been accessed in the past for queries. The team obtained people's consent for this verbally. However, there was no information on the website to provide information about how the pharmacy protected people's private information. Staff were trained to safeguard the

welfare of vulnerable people, they had attending a local course. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education and his certificate to verify this was seen. There was an SOP and guidance material present for the team as well as contact details for the local safeguarding agencies.

The pharmacy's professional indemnity insurance was through Numark and due for renewal after 25 February 2020. The owner confirmed that this covered the sale of online medicines. The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that temperature sensitive medicines were stored appropriately. Records for unlicensed medicines and controlled drugs (CDs) in general, were maintained in line with the legal requirements. The occasional crossed out entry was seen in the latter. In addition, the team had occasionally recorded emergency supplies requested by people as being made by a prescriber and had not always recorded the nature of the emergency. Except for one, staff could not locate any other private prescriptions against which medicines had been supplied. They were aware of the legal requirement to store private prescriptions for two years. The only private prescription present was written by a prescriber but there was no address recorded on this and incorrect prescriber details had been recorded in the electronic register.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current workload safely. The pharmacy's team members are provided with some resources to help keep their skills and knowledge up to date.

### Inspector's evidence

Staff present during the inspection included the RP, who was the superintendent pharmacist and the owner who was also a trained dispensing and medicines counter assistant. His certificates to verify the qualifications obtained were seen. Other regular pharmacists provided cover and contingency arrangements for the owner included using locum dispensers. A whistleblowing policy was present, and the owner was confident to raise as well as handle concerns if required. To assist with training needs, modules from Numark were available to complete. The use of other resources was discussed at the time. They were a small team, so they could communicate verbally and there were a few noticeboards present in the pharmacy to provide relevant information as well as updates. Formal appraisals were due to be completed annually.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean and secure. The pharmacy provides a professional environment to appropriately deliver its services.

### Inspector's evidence

The premises consisted of a small to medium sized room on the ground floor of a business unit. There were shared kitchenette and WC facilities. The pharmacy was clean, suitably lit and appropriately ventilated. There was a designated PC to label prescriptions to one side and enough space to dispense prescriptions as well as store stock. As the pharmacy was closed to the public and did not currently provide additional or private services, there was no consultation room on site.

Online activity: The pharmacy's website (<https://oxforde-pharmacy.co.uk/>) was checked prior to and during the inspection. Two distance selling EU internet logos issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were present on the pharmacy's website. One of them provided confirmation that the pharmacy was registered to sell prescription-only medicines (POMs), general sales list (GSL) and Pharmacy (P) medicines. The pharmacy was currently only selling GSL medicines. The RP stated that the pharmacy had no intention to sell P medicines in the future or supply POMs online.

The second logo linked to the third-party provider HI Weldricks Ltd. This was another online pharmacy that was used to fulfil the requests for online sales of medicines. This meant that all requests for sales of medicines were processed and handled directly by HI Weldricks Ltd. However, other than this logo, there was no other information directly available on the website to inform people about this situation. There was a contact telephone number under the 'contact us' section for online sales but it was unclear who this number was for (i.e. Oxford e-pharmacy or HI Weldricks Ltd) and unclear for people who they were supposed to contact in the event of a query or concern associated with online sales.

The pharmacy's name, operating address, contact telephone and fax number as well as email address were present on the website at the bottom of the home page. There was also information about the pharmacy's GPhC registration number and the name of the superintendent pharmacist. However, the latter's details were incorrect. The website also advertised a range of private services such as travel vaccinations and supplying medicines for malaria prevention. The RP confirmed that the pharmacy was not currently providing any private services but the website did not make this clear. This could be deemed to be misleading. The RP and owner were advised to familiarise themselves with the GPhC's guidance and to ensure they were complying with this going forward.

## Principle 4 - Services ✓ Standards met

### Summary findings

In general, the pharmacy provides its services safely. The pharmacy sources its medicines from reputable suppliers. It generally stores and manages its medicines appropriately. But, the pharmacy has no designated containers to store and dispose of some medicines that could be harmful to the environment. The pharmacy's team members make some checks to help people with higher-risk medicines to take their medicines safely. But, they don't always record any information about this. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

### Inspector's evidence

The pharmacy was currently only advertising its services through its website. The pharmacy's opening hours were displayed on its website and there was some information about where people could access emergency assistance if required. The pharmacy ordered prescriptions on behalf of people and maintained records to verify this. The team used baskets during the dispensing process to hold prescriptions and medicines. This helped to prevent any inadvertent transfer. Staff routinely used a dispensing audit trail through a facility on generated labels. This helped identify their involvement in dispensing processes. After prescriptions were assembled, they were attached to bags before being delivered. Stickers were used to highlight fridge items, CDs or if pharmacist intervention was required. Assembled medicines that required cold storage were held within clear bags. This helped to assist with accuracy and identification when they were handed out to people.

Multi-compartment compliance aids were only supplied to people if they struggled to manage their medicines and initiated by liaising with the person's GP. Prescriptions were ordered by the pharmacy and when received, the details were cross-checked against people's records on the system and backing sheets. If any changes were identified, staff confirmed them with the prescriber or the RP checked people's SCR by telephoning them to gain their consent. The team kept an audit trail to verify any checks made with prescribers. The compliance aids were not left unsealed overnight. Descriptions of the medicines within them were provided. People prescribed higher-risk medicines such as methotrexate received this inside the compliance aid, but the medicine was dispensed inside its own compartment and the RP counselled people appropriately (see below). Mid-cycle changes involved retrieving the compliance aids, amending them, re-checking and re-supplying them. However, patient information leaflets (PILs) were not routinely supplied. The RP explained that people did not want them when they had tried to supply them in the past. This meant that people may not have received all the relevant information about their medicines. This situation was discussed at the time.

The pharmacy provided a delivery service, staff delivered the medicines and audit trails to demonstrate this service were maintained. CDs were highlighted, and people's signatures were obtained once they were in receipt of them. However, staff did not routinely obtain people's signatures otherwise. Failed deliveries were usually brought back to the pharmacy unless people had provided their consent to post them through their letterbox. The team checked relevant risks such as whether pets or children were present before agreeing to do this although no records had been kept verifying this. If the pharmacy did not have prior consent to post medicines, staff left notes to inform people about the attempt they had made to deliver their medicines.

Staff were aware of risks associated with valproates, educational literature could be provided to people who were at risk upon supply. The pharmacy had not supplied anyone at risk with this medicine. Prescriptions for people prescribed higher-risk medicines were identified and marked for additional counselling. The RP did this by telephoning people. This included asking about blood tests and the results, checking that people knew which signs of toxicity to look out for and what to do if they developed. However, details were not routinely recorded to help verify that this had happened.

Licensed wholesalers such as Alliance Healthcare, AAH, Doncaster and Phoenix were used to obtain medicines and medical devices. The pharmacy obtained unlicensed medicines from Freemans. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), relevant equipment, software and guidance information for the team was present and the pharmacy had attempted to comply with the decommissioning process. However, according to staff, the software had not yet been functioning appropriately for this to take place.

Medicines were stored in an organised manner. This included appropriate storage of medicines in the fridge. CDs were stored under safe custody. The keys to the CD cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Staff checked expiry dates of stock every month, they identified medicines approaching expiry and had maintained a date-checking schedule to verify when this process had taken place. There were no date-expired medicines or mixed batches of medicines seen. Drug alerts were received by email, the process involved checking for stock and acting as necessary. An audit trail had been maintained on the email system to verify this.

The pharmacy team used designated containers to hold and dispose of medicines when they were no longer required by people. People requiring sharps to be disposed of were referred to their GP surgery. There had been no unwanted CDs returned to the pharmacy for destruction. In this event, a book was available to record details and they would be brought to the attention of the pharmacist before being stored in the CD cabinet. However, there were no separate containers for hazardous or cytotoxic medicines and no list seen to assist the team to identify these medicines. In addition, staff were accepting unwanted medicines during the delivery service and bringing them back to the pharmacy. The pharmacy did not have a waste license to enable them to transport unwanted medicines in this manner. As the pharmacy is providing a waste collection service from people's homes, it requires a license or registration as waste carriers as per the Department of Health guidance on the management and disposal of healthcare waste.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. And, it uses its facilities appropriately to help protect people's privacy.

### Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its dispensing activity. This included online as well as current versions of reference sources, standardised conical measures, counting triangles which included a separate one for cytotoxic medicines, a clean dispensary sink, with cold running water and hand wash. There was also a legally compliant CD cabinet along with a medical fridge. Staff held their own NHS smart cards to access electronic prescriptions and took them home overnight. A shredder was available to dispose of confidential waste. The computer terminal was password protected and held in the pharmacy (a secure unit) where unauthorised access was restricted. However, as mentioned in Principle 1, there was no business continuity plan in place to outline how the pharmacy would manage the risk if its equipment failed.

### 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.