

Registered pharmacy inspection report

Pharmacy Name: Online Chemist, 82 Middleton Road, Gorleston,
Great Yarmouth, Norfolk, NR31 7AH

Pharmacy reference: 9011159

Type of pharmacy: Internet / distance selling

Date of inspection: 17/02/2020

Pharmacy context

The pharmacy is located on a main road near to a large seaside town. The pharmacy receives nearly all of its prescriptions electronically. People do not usually need to physically access the premises and the pharmacy provides most of its services at a distance. Although the pharmacy does offer some services which are provided onsite. The pharmacy provides a range of services, including Medicines Use Reviews, the New Medicine Service. The pharmacy uses patient group directions for supplying influenza vaccinations, travel vaccinations, erectile dysfunction medicines and period delay tablets. And it also provides a stop smoking service. It provides medicines as part of the Community Pharmacist Consultation Service. And it also supplies medications in multi-compartment compliance packs to a small number of people who live in their own homes to help them manage their medicines. And it supplies substance misuse medicines to one person.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	The pharmacy team members receive regular feedback. They learn from any mistakes and are supported with keeping their knowledge up to date.
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 identifies and manages the risks associated with its services to help provide them safely. It records and reviews any mistakes that happen during the dispensing process. It protects people's personal information and people can provide feedback about its services. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. There were documented, up-to-date standard operating procedures (SOPs) available. And team members had signed to indicate that they had read and understood them. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. There had not been many near misses but these had been recorded and the superintendent (SI) pharmacist had reviewed them for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The SI said that he was not aware of any dispensing incidents where the product had been supplied to a person. He explained that a root cause analysis would be undertaken and a record of the incident would be kept for future reference.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The SI said that the dispenser had access to the pharmacy if the pharmacist had not turned up in the morning. The dispenser knew that she should not carry out dispensing tasks if there was no responsible pharmacist (RP). She knew that she should not take dispensed items for delivery if the pharmacist was not in the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. The SI said that the pharmacy had not made any supplies of unlicensed medicines yet. He said that he would ensure that all necessary information was recorded if a supply was made. The private prescription records were largely completed correctly, but the prescriber's address had not been recorded. This could make it harder for the pharmacy to find these details if there was a future query. The private prescriptions that had been dispensed against did not have the required information on them when the supply was made. The SI said that he would ensure that all prescriptions had all the required information on in the future. The pharmacy had not made any supplies of prescription-only medicines without a prescription. The SI confirmed that he would record the nature of the emergency if he made an emergency supply of a medicine. There were signed in-date Patient Group Directions available for the relevant services offered. Controlled drug (CD) registers examined were largely filled in correctly, and the CD running balances were checked at regular intervals. Liquid overage was recorded in the register. But the address of the suppliers was not usually recorded. The responsible pharmacist (RP) log was largely completed correctly and the right RP notice was clearly displayed. But the SI had completed the record before ceasing to be responsible. He said that he would ensure that all records were completed correctly in the

future.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. People's personal information in the pharmacy could not be viewed from outside the pharmacy or by people accessing the consultation room. The pharmacy team members had completed training about the General Data Protection Regulation.

The SI said that the pharmacy planned to carry out yearly patient satisfaction surveys; and he said that results from the surveys would be displayed on the NHS website and pharmacy website. The complaints procedure was available for team members to follow if needed and details about it were available on the pharmacy's website. The SI confirmed that there had not been any complaints.

The SI and dispenser had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. The dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The SI said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do the right training for their roles. And they are provided with regular ongoing training to support their learning needs and maintain their knowledge and skills. They have time set aside for training. This means that they are able to complete this training at work. Team members are comfortable about raising concerns to do with the pharmacy or other issues affecting people's safety. And they discuss adverse incidents and use these to learn and improve.

Inspector's evidence

The SI and one dispenser were working during the inspection. The dispenser had completed an accredited course for her role. The SI said that he planned to employ a second dispenser in the near future. The SI and the dispenser worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. The dispenser appeared confident when speaking with people over the phone and referred to the pharmacist where needed.

The dispenser had completed a dispensary assistants course and a medicine counter assistants course with her previous employer. She undertook regular online training modules and she said that the SI checked these. Certificates for any training completed were kept in her training record. She had recently completed some training about sepsis. And she said that she was allowed time during the working day to carry out any training. The SI was aware of the continuing professional development requirement for the professional revalidation process. He said that he had recently undertaken training to become a healthy living champion. He had completed declarations of competence and consultation skills for the services offered, as well as associated training.

The dispenser said that any issues were discussed with the SI at the time and she was currently receiving ongoing informal appraisals and performance reviews. The SI said that a formal review would be carried out after one year and then yearly thereafter. The dispenser said that she had a good working relationship with the SI. And she felt comfortable about discussing any issues with him or making any suggestions. They also had regular reviews of any dispensing mistakes and discussed these openly in the team. Targets were not set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. People did not usually physically access the pharmacy and most of its services were provided at a distance. The pharmacy was in a stand-alone unit in an area which was fenced off from the nearest main road.

The consultation room was accessible to wheelchair users and was located near to the main entrance to the pharmacy. It was to the side of the dispensary area and people did not have to go through the dispensary to access the room. People's personal information was not visible on the walkway to the room. The room was suitably equipped and well-screened. Low-level conversations in the consultation room could not be heard from outside the building.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available and these were clean.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services. But the pharmacy does not always keep an audit trail when it delivers medicines. And this could make it harder for it to show that the medicines have been delivered safely.

Inspector's evidence

The pharmacy's website was well presented and easy to use. Services, opening times and contact details were clearly advertised on the pharmacy website. An appointment system was used for the onsite services to ensure that the pharmacist was available. The dispenser said that she had completed all the required training to provide the smoking cessation service, but she had not provided this yet.

The SI said that he checked that people taking higher-risk medicines such as warfarin were having regular blood tests. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Dispensed fridge items were kept in clear plastic bags to aid identification. The SI said they checked CDs and fridge items with people when these were delivered. The pharmacist said that the pharmacy supplied valproate medicines to one person. But they were not in the at-risk group. The pharmacy had the relevant patient information leaflets and warning cards available.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Lists were kept for short dated items so that these could be easily identified and removed from dispensing stock before they were out of date. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

The SI said that there were currently no part-dispensed prescriptions. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and delivered. There were only two items at the pharmacy waiting to be delivered to people. The SI said that delivery attempts had been made the previous week and these would be delivered as soon as possible.

The SI explained that assessments were carried out by people's GPs to show that they needed their medicines in multi-compartment compliance packs. Prescriptions for people receiving their medicines in these packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the SI said that people contacted the pharmacy if they needed these medicines when their packs were due. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. There were no completed packs for the inspector to check. But the SI explained how the packs were labelled. He said that medications descriptions were recorded and patient information leaflets routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. The SI said that the pharmacy had not received any returned CDs from people. A register was available and he said that these would be destroyed with a witness and two signatures would be recorded.

Deliveries were made by the SI or the Royal Mail. The pharmacy did not obtain people's signatures for all deliveries made by the SI. This could make it harder for the pharmacy to show that the medicines were safely delivered. The SI said that he would ensure that signatures were recorded for all deliveries in the future. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The SI explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy did not currently have the equipment to be able to comply with the EU Falsified Medicines Directive. The SI said that he had discussed this with the software provider and the pharmacy would likely have the equipment in the near future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Separate liquid measures were marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for less than one year. The SI said that it would be replaced in accordance with the manufacturer's guidance. The carbon monoxide testing machine was calibrated by an outside agency. The weighing scales and the shredder were in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.