

Registered pharmacy inspection report

Pharmacy Name: Pharmazon, 9 Lancaster Court, Coronation Road, Cressex Business Park, High Wycombe, Buckinghamshire, HP12 3TD

Pharmacy reference: 9011189

Type of pharmacy: Internet / distance selling

Date of inspection: 12/02/2020

Pharmacy context

This pharmacy is in an office on a business park in High Wycombe. It is not open to the public as it provides its services online. It offers to dispense private prescriptions and sells a small amount of medicines on Amazon.

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

Overall, the pharmacy is adequately managing most of the risks associated with its services. The pharmacy keeps most of the records that it needs to. But it is not doing enough to keep them accurate and up to date. The pharmacist understands his role in protecting vulnerable people. And keeps people's personal information safe.

Inspector's evidence

The pharmacy did not keep a near miss log, but the pharmacist explained that when dispensing activity starts, they would create one and review it every month to learn from any mistakes made. There was a workflow in the dispensary where labelling, dispensing and checking would be carried out at clearly defined areas of the work benches. Standard Operating Procedures (SOPs) were in place for the dispensary tasks and had been created in June 2019 with a review to take place in June 2020. A certificate of public liability and professional indemnity insurance from Numark was displayed and was valid until 17th September 2020. There was a complaints procedure in place within the SOPs and the superintendent explained that he would deal with complaints on a local level. He went on to explain that if he obtained an NHS contract, he would ensure the pharmacy completed an annual Community Pharmacy Patient Questionnaire (CPPQ). Currently, the pharmacy accepts feedback on Amazon.

A controlled drug register was in place, but as the pharmacy did not currently keep any CDs, it was not being used presently. A responsible pharmacist notice was not display in the pharmacy. The responsible pharmacist record was held digitally, but the pharmacist explained that it was not being maintained as the pharmacy was not being used despite being open for 45 hours a week. However, as the pharmacy was registered and they were selling products on Amazon, the responsible pharmacist record required maintenance which the pharmacist agreed to do. The private prescription records could be recorded electronically on the RxWeb system. The fridge in the pharmacy was suitable for use and temperatures were recorded daily and were in the 2 to 8 degrees Celsius range.

The computer was password protected and there was no public access to the pharmacy which meant that confidential information was secured. The pharmacy had an information governance and GDPR policy in place. The pharmacy's website did not yet have a privacy notice, but the pharmacist explained that the website was due to be updated to include a privacy notice. The pharmacy had a shredder in place to destroy confidential waste. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and was aware of how to deal with any safeguarding concerns and who to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just one member of staff, the pharmacist, to manage its workload. He keeps up to date with training and uses his professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

The superintendent pharmacist was the only member of staff and explained that if work in the pharmacy started, he would recruit and would ensure they were trained appropriately.

The pharmacist was a member of the Royal Pharmaceutical Society and explained that he kept up to date with professional changes and had completed his revalidation. He also explained that he would not give himself targets and he would not compromise his professional judgement for business gain.

The pharmacy did not have an SOP for the sale of GSL medicines on Amazon. But the pharmacist explained that Amazon only allowed GSL medicines without paracetamol could be sold on Amazon to reduce the abuse potential.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. But its website does not accurately reflect the services currently provided.

Inspector's evidence

The pharmacy is located on the first floor of an office block and the registered area was separated from the rest of the office, part of which was used for wholesale activity licensed by the MHRA. The office block could only be accessed by those with a pass and there was an electric keypad to enter the office in which the pharmacy was located. The pharmacy was clean and tidy, and the pharmacist would clean the pharmacy weekly.

There were no consultation facilities in the pharmacy as there was no public access. However, the pharmacist explained that he may build a consultation facility if it was necessary in the future. There was shelving to store medicines and the lack of patient access allowed for privacy and confidentiality. Lighting in the pharmacy was suitable for service delivery and the air temperature was monitored and controlled by air conditioning.

The pharmacy website, www.pharmazon.ltd, included contact information for the pharmacy, but claimed the pharmacy provided services which they were not yet providing due to their lack of NHS contract. The pharmacist explained that the website would be updated soon to include accurate details of the service they provide.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, but its website does not accurately reflect the services currently provided. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

Inspector's evidence

The pharmacist explained that the aim was to advertise services on the pharmacy's website once all contracts came through. The pharmacist explained that he would obtain patient consent through electronic prescription service (EPS) nomination forms or on the website to allow the pharmacy to collect patient's prescriptions.

The pharmacist was aware of the requirements for patients in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. He demonstrated the warfarin SOP and stated that he would also ask patients who were taking warfarin if they were having regular blood tests and would record blood test results to ensure all warfarin supplies were safe.

The pharmacist was aware of the EU Falsified Medicines Directive (FMD) and would scan goods for the wholesale side of his business which was not part of the pharmacy. The pharmacy had an SOP for FMD but the pharmacist explained that he was currently in the process of finding a suitable software program which would integrate FMD with the PMR system.

The pharmacy obtained stock from AAH, Alliance and Phoenix. Date checking would be carried out regularly and the pharmacy had an SOP to date check every month and highlight stock due to expire. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available. The CD cabinet was appropriate for use and secured in accordance with regulations. MHRA alerts and recalls came to the pharmacy via email and the pharmacist would check for affected stock. The recalls were printed off and signed to show they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains the equipment satisfactorily so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children as well as other pharmacy textbooks. Internet access was also available. The computers were all password protected and telephone conversations going on in the pharmacy could not be overheard as the pharmacy was closed to the public.

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.