

Registered pharmacy inspection report

Pharmacy Name: East Midlands Pharmacy, Office 3, Hillcroft Business Park, Whisby Road, Lincoln, Lincolnshire, LN6 3QJ

Pharmacy reference: 9011439

Type of pharmacy: Internet / distance selling

Date of inspection: 27/05/2021

Pharmacy context

This is a distance selling pharmacy which offers services to people through its website, www.eastmidlandsparmacy.co.uk. The pharmacy premises are not open to members of the public due to its distance selling model. This means the pharmacy supplies all medicines through either its local delivery service or through national postal and courier services. Pharmacists also provide advice and information to people over the telephone. This inspection took place during the COVID-19 pandemic.

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 acts properly to identify and manage risks associated with providing its services. It proactively seeks feedback about its services and it shares reviews left by members of the public on its website. The pharmacy generally keeps the records it needs to by law up to date and it protects people's private information appropriately. Pharmacy team members have the knowledge and ability to recognise and raise concerns to help safeguard vulnerable people. They act openly and honestly by discussing mistakes they make during the dispensing process. And they act to reduce risk following these discussions.

Inspector's evidence

The pharmacy was in a COVID-secure business centre. The responsible pharmacist (RP) on duty discussed the measures the centre had implemented to reduce the risks associated with the current pandemic. These measures included frequent cleaning protocols, wearing face coverings and sanitising hands upon entry to the building. Team members had personal protective equipment available to them. The pharmacy did not have a written COVID-19 risk assessment available for inspection. But the RP demonstrated how the team managed risks associated with the pandemic. For example, pharmacists generally worked alone, but would don a type IIR face mask when a wholesale delivery driver attended the premises. Team members also had appropriate access to other personal protective equipment such as gloves and aprons. They had taken personal steps to protect each other from risks associated with spreading the virus, including engagement in twice weekly lateral flow testing and reporting the results of these tests through the government portal.

The dispensary was organised and clean, workflow was efficient. The pharmacists managed the risks associated with lone working by taking mental and physical breaks between different stages of the dispensing process when dispensing acute prescriptions required the same day. Non-urgent workload was generally assembled by one pharmacist and left to the following day to be checked. And team members completed full dispensing audit trails by signing medicine labels during the dispensing process. This identified who had assembled and accuracy checked each medicine.

The pharmacy had up-to-date standard operating procedures (SOPs) in place to support the safe running of the pharmacy. It had adapted these from templates provided by a pharmacy consultancy business and had made the necessary changes to personalise them to the pharmacy's own operational model. It stored these electronically and they covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. Training records for both regular pharmacists confirmed they had read and understood the SOPs. Another healthcare professional occasionally supported the pharmacy team. This team member had completed the relevant training associated for their role. But there was no training record in place to show they had read and understood the SOPs.

The pharmacy had a near-miss error reporting tool. There was evidence of this being used to record details of mistakes found during the dispensing process. The record included actions taken to reduce risk following a near miss. And the RP demonstrated some of these actions. For example, separating different formulations of inhalers on the dispensary shelves, and further learning following a picking error involving a 'look-alike and sound-alike' (LASA) medicine. The pharmacy had an incident reporting

process, and the RP explained there had been no dispensing incidents brought to the attention of the team to date. The RP was familiar in reporting processes and discussed how the incident would be brought to the attention of the Superintendent Pharmacist (SI) and reported through the National Reporting and Learning System (NRLS).

The pharmacy had a complaints procedure in place and it advertised how people could raise a concern or provide feedback through a 'contact' page on its website. The website also featured a live chat facility which the SI personally responded to. Reviews left online and on the pharmacy's social media page were uploaded onto the pharmacy's website for members of the public to read. The pharmacy also provided clear information on its website about how people could inform the pharmacy that they no longer wished it to process their prescriptions. And it asked for feedback about why people were leaving. The RP explained that this feedback was requested to help the team reflect and to inform any changes required.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice was changed as the inspection process began, so that it displayed the correct details of the RP on duty. Entries in the RP record generally complied with legal requirements. But there were two gaps in the record from the week of inspection, the RP on duty on these days had been informed of the omissions. Entries in the CD register did not always include the address of the wholesaler when a CD was received. Running balances in the register were maintained and balance checks took place regularly. A physical balance check of stock held complied with the running balance in the register. The pharmacy held all person identifiable information within the registered premises, and there was no access to the premises by members of the public. Confidential waste was segregated and disposed of securely.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. And it had contact information for safeguarding agencies. Both pharmacists had completed their level two safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). And the RP identified the necessary actions required when posed with a hypothetical safeguarding scenario associated with delivering medicines to a person's home.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team and it uses skilled people to deliver its services. Pharmacy team members keep their knowledge up to date. And they communicate effectively with each other to support the safe delivery of the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of two pharmacists who generally worked separate shifts, one of the pharmacists was a company director and was also the SI. The pharmacists communicated regularly in person, by telephone and through a secure messaging application. Both undertook regular learning to keep their skills and knowledge up to date. For example, informing themselves of recent changes to the NHS distance selling contract. And they kept up to date with current pharmacy issues through regular reading.

Pharmacists were not required to meet any specific targets. The focus was on expanding the business through word of mouth and leaflet distribution. There was evidence of continual communication between the pharmacists with handovers related to workload provided between each shift. The opportunity to feedback and discuss patient safety events such as near misses were also taken at the time they occurred. This avoided the risk of a pharmacist not knowing about a mistake until they looked at the near miss record. And it provided pharmacists with the opportunity to reflect and discuss the mistake whilst it was fresh in their mind.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a suitable environment for delivering the services it provides.

Inspector's evidence

The pharmacy did not sell any medicines through its website. Details on the website included the name, address and contact information for the pharmacy, details of the company that owned the pharmacy and the SI's name and registration number. The registration status of the SI and of the pharmacy were available through a hyperlink to the GPhC's public facing register. And the website also displayed the GPhC voluntary internet pharmacy logo.

The pharmacy was secure and maintained to a respectable standard. It was clean and members of the pharmacy team had access to hand sanitiser. There was a portable sink fitted in the dispensary although it was reported that this was not used commonly as there was fresh tap water available in shared areas of the business centre. Lighting was bright and room temperature was monitored. A window could be opened during the working day to increase ventilation when required. The premises consisted of only the dispensary, this provided suitable space for the level of activity carried out and for the storage of medicines. There was an allocated holding area for medicine waste bins, this was away from stock and the dispensary work benches.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely. It uses effective audit trails to help answer any queries that may arise during the dispensing process, or following the delivery of a medicine. The pharmacy obtains its medicines from reputable sources and it generally stores them safely. Pharmacy team members actively engage with people accessing the pharmacy's services to help them deliver person centred care. But they do not always supply patient leaflets when dispensing medicines in compliance packs. This means people may not always get all the information they need about their medicine.

Inspector's evidence

People accessed the pharmacy's services through either the website, by email or by telephone. The website included clear information about the pharmacy services provided and had a health information page. And the team had internet access. This enabled it to signpost people to other healthcare services if required. The pharmacy advertised its services to people across the UK, but most people using the pharmacy were local. The website also advertised a COVID-19 testing service on behalf of a local private clinic. Tests were completed at the offsite clinic and information on the website made it clear that the service was only suitable for those showing no symptoms of infection. There was also a question and answer section which included information about UKAS accreditation.

The pharmacy team contacted people by telephone when they first signed up for the service to introduce the team and to ask if the person had any specific requirements. This helped inform the way the pharmacy delivered its services. For example, feedback from the care home during the initial set up discussions identified the home had not been satisfied with the level of communication from a previous supplier. This information was used to ensure the pharmacy kept in regular contact with the home.

The pharmacy supplied medicines to the care home in original packs with medication administration records supplied to assist with administration. It also supplied some medicines in multi-compartment packs to people living in the community. An assembled compliance pack was available for inspection and contained a full dispensing audit trail. The backing sheet inside was not physically attached to the pack as required. And it did not contain details of adverse warnings associated with some of the medicines inside. A discussion took place about labelling requirements, and the RP acted immediately to secure the backing sheet to the pack. Shortly after the inspection the RP provided evidence that adverse warnings had been added to the packs. The pharmacy supplied patient information leaflets with the first supply of compliance packs only. This meant it could be more difficult for the person or carer to access up-to-date information about their medicines. Particularly if the brand changed as backing sheets did not include descriptions of the medicines inside.

Team members used baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. The pharmacy held some stock of higher risk medicines. The RP explained these medicines were rarely dispensed. And demonstrated a sound understanding of the counselling required when supplying these medicines. But any checks made during the dispensing process were not formerly recorded. The RP was aware of the requirements of the valproate Pregnancy Prevention Programme (PPP) and confirmed the pharmacy had not supplied valproate to anybody within the high-risk group to date. The pharmacy had a full range of monitoring tools and warning cards available to issue to people. These included patient cards and booklets associated with the valproate PPP, INR and lithium monitoring booklets, steroid treatment cards,

steroid emergency cards and insulin passports.

The pharmacy had an established system for managing people's repeat prescriptions. It sent text reminders to people who ordered their own prescriptions. And it contacted people to inform them when a delivery of medicine would be made. People were able to get in touch with the pharmacy by telephone, email or instant messaging service if they wanted to speak with a member of the team. There was an electronic audit trail in place to support local medicine deliveries to people's chosen location. For example, work or home. The pharmacy asked further questions if a person requested their medicine be posted. This helped to ensure the team had enough information to satisfy themselves that it was safe to post the medicine. And medicines delivered in this way were secured in special packaging. The team also took a photograph of the door a medicine was posted through to help answer a query should one arise. Tracking was in place for medicines sent via the post, audit trails of these deliveries were available for inspection.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Medicine storage in the dispensary was generally orderly with most medicines stored in their original packaging. A couple of medicines were held in amber bottles. But these bottles were not fully labelled with details of the batch number, expiry date and the assembly date. This meant it could be more difficult for the team to identify if the medicines remained fit for purpose, and safe to supply. The pharmacy had a secure cabinet to store medicines subject to safe custody regulation and it held minimal stock of these medicines. The pharmacy stored medicines subject to cold chain requirements safely in pharmaceutical refrigerators. The fridges were operating between two and eight degrees Celsius and a temperature record was maintained.

The pharmacy team used a date checking record to help manage stock and a random check of dispensary stock found no out-of-date medicines. Medicine waste bins were readily available as were CD denaturing kits. The pharmacy received alerts relating to medicines from the central alerting system, and direct from the Medicines and Healthcare products Regulatory Agency. And an audit trail provided confirmation that these alerts were actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. The pharmacy team uses the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy team used crown stamped measuring cylinders for measuring liquid medicines. And equipment for counting capsules and tablets was also available. Equipment associated with the supply of medicines in compliance packs was single use. Envelopes used to send medicines through the post were crush resistant and tamper proof. There was also specialist packaging and cool packs available if sending cold-chain medicines.

Pharmacists generally accessed up-to-date reference resources online, including the British National Formulary. They also had access to some textbooks associated with minor illnesses and red flags. The pharmacy stored people's records electronically and the computer was password protected. It had blinds fitted at its windows. This reduced the risk of accidentally sharing patient information when processing prescriptions.

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.