

# Registered pharmacy inspection report

**Pharmacy Name:** AYP Healthcare, 160-164 Lancaster Road North,  
Preston, Lancashire, PR1 2PZ

**Pharmacy reference:** 9011523

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

**Date of inspection:** 29/08/2023

## Pharmacy context

This is an online pharmacy which people access using the website <http://ayp.healthcare>. It is situated within a warehouse near to Preston City Centre. The pharmacy had been registered so that it could sell pharmacy only (P) medicines to people. But, enforcement action has been taken against this pharmacy, and conditions in place at the time of this inspection restrict the services it can provide. As a consequence, there were currently no registerable activities taking place. However, the pharmacy was continuing to sell General Sales List (GSL) medicines and other healthcare sundries via its website.

## 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

Members of the pharmacy team follow written procedures to help them work safely and effectively. They discuss things that go wrong so that they can learn from them. And they understand how to keep private information safe.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). Members of the pharmacy team had signed to say they had read and accepted them. Roles and responsibilities of the pharmacy team were described in the SOPs. A member of the pharmacy team, who had completed their dispensing assistant course, was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their noticed displayed in the pharmacy. RP records were maintained and appeared to be in order.

The pharmacy's complaints procedure was available on the website. Any complaints the pharmacy received were usually responded to by email. If the pharmacy received a complaint involving medicines they had supplied, the incident would be investigated, and a record kept. The supervisor said that there were very few errors made. But that if they found an error had been made, they would give further training to the members of the team involved. A current certificate of professional indemnity insurance was seen.

An information governance (IG) policy was available, and the pharmacy was registered with the information commissioner's office (ICO). The supervisor explained how confidential waste was destroyed using an on-site shredder. Details about how the pharmacy handled and stored people's information was on the website. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. Contact details for national safeguarding teams were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload. And they are trained for the jobs they do.

### Inspector's evidence

The pharmacy team included a pharmacist and a number of assistants. Some of the assistants had completed dispenser or medicine counter assistant training. Warehouse assistants were not pharmacy trained. The volume of work appeared to be managed adequately. Staffing levels were maintained by part-time staff and a staggered holiday system.

All members of the team completed the company's designated training required for their roles. But there was no structured ongoing training. When questioned, a member of the team said they felt well supported and able to ask for further help if they needed it. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. And the pharmacy's website informs people about who provides the services.

### Inspector's evidence

The pharmacy had a website which was used to access its services. The website displayed the GPhC logo which linked to the pharmacy's register entry. It also showed who the superintendent pharmacist was, and details about the pharmacy's ownership.

The pharmacy was located inside an industrial unit closed to members of the public. It was clean and tidy, and appeared adequately maintained. The size of the premises was sufficient for the workload. Various heaters helped to control the temperature. Lighting was sufficient. Members of the team had access to a kitchenette and WC facilities.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

### Inspector's evidence

The pharmacy's website had an electronic contact form and a telephone number for the pharmacy.

Medicines were packaged and sent using a variety of couriers, such as Royal Mail. Tracking was used where the cost of the product warranted additional protection. People could choose enhanced delivery options for expedited delivery.

Medicines were obtained from licensed wholesalers. Stock was date checked every 3-months. A date checking matrix was signed by staff as a record of what had been checked, and short-dated stock was highlighted in a diary for it to be removed at the start of the month of expiry. Unwanted medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Any alerts which required action would be recorded, with the details about who dealt with the alert and when.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

Team members had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. Equipment was kept clean. A forklift was located in the pharmacy premises. The director confirmed he had the necessary forklift training and license to operate the machinery and only permitted members of the team were allowed to use it.

Computers were password protected. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

### 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.