

# Registered pharmacy inspection report

**Pharmacy Name:** e-medicina, Room 229, Lansdowne Building, 2  
Lansdowne Road, Croydon, CR9 2ER

**Pharmacy reference:** 9011580

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

**Date of inspection:** 22/09/2021

## Pharmacy context

This is an internet pharmacy set in a shared office building in the centre of Croydon. The pharmacy recently opened. It provides its NHS services at a distance. And people aren't allowed to visit its premises in person. The pharmacy sells a range of health and beauty products, including some over-the-counter (OTC) medicines, through its website [www.e-medicina.co.uk](http://www.e-medicina.co.uk). It dispenses people's prescriptions. And it delivers medicines to people in person or by post. 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
<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

The pharmacy adequately manages its risks. And it has written procedures to help make sure its team works safely and monitors the services it delivers. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They understand their role in protecting vulnerable people. And they keep people's private information safe. The pharmacy acts on the feedback it receives to help it improve. It mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) and risk assessments for the services it offered. And it had a business continuity plan that told its team what to do in the event of an emergency. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. But a written occupational COVID-19 risk assessment for each team member hadn't been completed. The pharmacy team was reminded that any work-related infections needed to be reported to the appropriate authority. The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team were required to discuss any mistakes they made to learn from them and reduce the chances of them happening again. And they kept look-alike and sound-alike drugs apart on the dispensary shelves to reduce the chances of them picking the wrong product. But they hadn't made a mistake since the pharmacy opened.

The pharmacy displayed a notice that identified who the responsible pharmacist (RP) was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described in the SOPs. The pharmacy had a complaints procedure. It had received positive feedback from people online. Its website encouraged people to share their views and suggestions on how it could do things better. And, for example, changes were made to the website following feedback from the inspector.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. But this didn't always contain all the information required. The pharmacy had a controlled drug (CD) register. But sometimes the address from whom a CD was received from wasn't recorded. The pharmacy kept a record of the private prescriptions it supplied. But the date the prescription was supplied and, occasionally, when it was prescribed weren't always recorded. The pharmacy hadn't supplied any unlicensed medicinal products nor made any emergency supplies of medicines since it opened.

The pharmacy was registered with the Information Commissioner's Office. It had arrangements to make sure confidential information was stored and disposed of securely. And its website explained how personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had an information governance and data protection policy, and a safeguarding SOP. The RP had completed a level 2 safeguarding training course. And, therefore, knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team undergo training for the jobs they do. They're comfortable about giving feedback on how to improve the pharmacy and its services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The RP was working at the pharmacy at the time of the inspection. The superintendent pharmacist worked at the pharmacy on a part-time basis. A delivery person had recently been recruited. And they were due to start an accredited training course that was relevant to their role. The pharmacy relied upon the RP to provide its services from its premises. But another pharmacist, such as the superintendent pharmacist, could cover the RP if they couldn't work. The pharmacy kept records to show its team was trained or undergoing training to provide the services it offered. The pharmacists were required to keep their professional skills and knowledge up to date as part of their annual revalidation process. They could discuss their development needs and any clinical governance issues with one another. They knew when to signpost people to another provider, for example, people requesting an NHS pharmacy service in person at the premises. The RP felt able to make professional decisions to ensure people were kept safe. The pharmacy didn't set targets for its team. And it didn't incentivise its services. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And their feedback led to changes to how wholesale deliveries were received at the pharmacy. The pharmacy had a whistleblowing policy, and its team members knew who they should raise a concern with if they had one.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an adequate environment to deliver its services from. And its premises are clean and secure.

### Inspector's evidence

The pharmacy had a website. This provided the information it needed to in line with our guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. The pharmacy sold some medicines through its website. But it didn't offer an online prescribing and dispensing service. The registered pharmacy premises were set on the first floor of a shared office building. And they were bright, clean and secure. The pharmacy occupied two rooms. The first was used as the dispensary and a storage area. And the second was used as the pharmacy's office and consulting room. The pharmacy had a portable handwashing sink. And the pharmacy team could access the shared office building's self-care facilities too. The pharmacy used sterile water to reconstitute medicines when needed. It had the workbench and storage space it needed for its current workload. And its team members and a cleaner were responsible for keeping its premises clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services at a distance. But people can access these easily. The pharmacy gets its medicines from reputable sources and it stores them appropriately and securely. And its working practices are mostly safe and effective. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they have a procedure to help them dispose of people's waste medicines properly.

### Inspector's evidence

The pharmacy and its services were accessed through its website. It was open five days a week. People weren't allowed to visit its premises in person. But they could contact it by email, phone or in writing. Members of the pharmacy team were clear on what services they could and couldn't provide from the pharmacy. And they could signpost people to another provider if a service wasn't available at the pharmacy. The pharmacy used the postal service to deliver medicines to patients who weren't local to the pharmacy. And these medicines could be tracked. The handover of medicines to the delivery agent took place at the pharmacy under the supervision of a pharmacist. The pharmacy provided a local delivery service to people. And most of these deliveries have been made by the RP. So, they could answer questions about medicines and provide healthcare advice in person. But the pharmacy hadn't kept an audit trail for these deliveries, as required by the SOPs, to show that the right medicine was delivered to the right person.

The pharmacy sold a small selection of OTC medicines, including pharmacy-medicines, through its website. The pharmacy didn't supply medicines outside of the United Kingdom. People wanting to purchase a pharmacy-medicine needed to complete a questionnaire which the RP reviewed before deciding whether a supply should be made. And, for example, the RP declined requests for any product liable to overuse, misuse or abuse if the person making the request couldn't be contacted. The pharmacy kept a record of the medicines it sold. This helped the RP identify frequent requests or people trying to obtain products by deception. The pharmacy also used its card payment processing company to help prevent fraudulent transactions. It was working with its website developers to further strengthen its website to, for example, prevent attempts to purchase large quantities of OTC medicines. And to evaluate what additional measures could be taken to verify a person's identity. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They provided patient information leaflets. So, people had the information they needed to take their medicines safely. But an audit trail of the person who had assembled and checked each prescription wasn't routinely maintained. People's assembled prescriptions and orders were not delivered or shipped until they were checked by the RP. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had access to the valproate educational materials it needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. But it didn't always record when it had done these checks. The pharmacy stored its stock, which needed to be refrigerated, between two and eight

degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for dealing with the unwanted medicines people returned to it. But the pharmacy didn't have any pharmaceutical waste bins. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions the pharmacy team took and demonstrated what records were kept when a concern about a product was received.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And its team wore fluid resistant face masks to help reduce the risks associated with the virus. The pharmacy had the equipment its team needed to count or measure medicines. And this equipment was kept clean. The pharmacy had access to up-to-date reference sources. And its team could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And each refrigerator's temperatures were checked and recorded regularly. Access to the pharmacy's computers and patient medication record system was restricted and password protected. The team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working. The pharmacy's website told people that security measures were in place to help protect their personal data.

### 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.