

Registered pharmacy inspection report

Pharmacy Name: 111 Chemist, 136 Carlyon Avenue, Harrow, HA2
8SW

Pharmacy reference: 9011617

Type of pharmacy: Internet / distance selling

Date of inspection: 09/02/2022

Pharmacy context

This is an internet pharmacy in a residential area of Harrow, Greater London. The pharmacy provides its services from a distance and is closed to the public. It dispenses NHS prescriptions, delivers medicines to people's homes and supplies multi-compartment compliance packs to people if they find it difficult to take their medicines on time. The pharmacy also has an online website where people can sign up to its services. This inspection was undertaken 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 is operating safely. It has appropriate systems in place to identify and manage the risks associated with its services. The pharmacist regularly monitors the safety of the pharmacy's services. He records and learns from any mistakes made during the dispensing process. The pharmacy suitably protects people's private information. And it maintains its records as it should.

Inspector's evidence

The pharmacy had very recently opened and was observed to be organised and well-run during the inspection. It had suitably identified and managed the risks associated with its services. As it was closed to the public with few staff, modifications to the premises to help limit the spread of infection had not been required. The entrances could be kept open for ventilation. The responsible pharmacist (RP) was wearing a face mask. The pharmacy had hand sanitisers available. It was cleaned regularly. A business continuity plan was in place and risk assessments had been completed.

The pharmacy had a range of documented standard operating procedures (SOPs) to provide guidance on how to complete tasks appropriately. The SOPs had been reviewed recently and read as well as signed by the appropriate staff. The correct notice to identify the pharmacist responsible for the pharmacy's activities was not on display but this was discussed and advised accordingly. The pharmacy obtained consent from people to provide its dispensing services, this included ordering medicines on behalf of people and delivering medicines to them. This was obtained in writing and initially people signed up to the service through the pharmacy's website. Records were seen to verify this.

The pharmacy had processes in place to record and learn from its mistakes. Prescriptions were used to select medicines against and generate dispensing labels. A log had been completed by the RP when near miss mistakes happened, and he regularly reviewed them. Labels had been placed in front of look-alike and sound-alike medicines and medicines that were commonly mistaken such as prednisolone and propranolol had been separated. Details of the pharmacy's complaints process was also readily available on the pharmacy's website. The pharmacy had a complaints and incident handling process in place. The RP confirmed that there had been no dispensing incidents or formal complaints since the pharmacy had opened.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions. Confidential waste was separated and removed for disposal. And the pharmacy's computer systems were password protected. The RP had been trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). However, the pharmacy had no contact details readily available for the local safeguarding agencies. This could lead to a delay in reporting concerns and holding the relevant information was advised at the time.

The pharmacy's records were compliant with statutory and best practice requirements. This included the RP record, and records verifying that fridge temperatures had remained within the required range. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 31 August 2022. The pharmacy had not made any emergency supplies, dispensed private prescriptions, or supplied any Schedule 2 controlled drugs (CDs). It had the appropriate registers

to make the required entries if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to dispense medicines safely. It has contingency arrangements in place. And the pharmacist keeps his knowledge and skills up to date.

Inspector's evidence

The pharmacy's staffing profile was appropriate to support the current workload. And it had contingency staff who could be called upon to assist if required. The pharmacist present was also the superintendent. Certificates to verify his ongoing training were seen. He kept his knowledge and skills up to date by completing courses online, through the CPPE and other online pharmacy websites. There were no formal or commercial targets set to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide healthcare services. It is kept appropriately clean. And it has adequate space to provide its services.

Inspector's evidence

The pharmacy premises consisted of a secure unit. It had two main benches for dispensing and a suitable amount of space for storing medicines, necessary equipment, and facilities. There was enough space to carry out dispensing tasks safely. The pharmacy was well ventilated, clean, and relatively tidy.

The pharmacy's website (<https://111chemist.co.uk/>) was checked prior to and during the inspection. The website displayed two logos and was registered with the Medicines and Healthcare products Regulatory Agency (MHRA). This confirmed that the pharmacy was registered to sell medicines online. However, the RP confirmed that the pharmacy was not currently selling any medicines, he provided advice to people when asked and signposted. The pharmacy's name, operating address, contact telephone and email address were present on the website at the bottom of the home page. There was also information about the pharmacy's GPhC registration number and the name of the superintendent pharmacist.

However, there were some misleading and inaccurate details listed on the website. The pharmacy's opening hours were different on the main page compared to the practice leaflet. The website listed that it was a 'GPhC prescription supplier' and that it was a 'well-established GPhC regulated pharmacy body'. These points were highlighted by the inspector and subsequently rectified by the superintendent.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. And it supplies medicines inside multi-compartment compliance packs safely. But the pharmacy doesn't always make all the relevant checks for people who receive higher-risk medicines. This limits its ability to show that people are provided with appropriate advice when supplying these medicines.

Inspector's evidence

The pharmacy only provided the Essential NHS services. The workflow in the dispensary involved prescriptions being downloaded and prepared in one area and the RP checked medicines for accuracy from another section. Baskets were used to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once the dispensing labels had been generated, there was a facility on them to help identify who had been involved in the dispensing processes. This was routinely used as an audit trail.

The pharmacy supplied some people's medicines inside multi-compartment compliance packs once a need for this had been identified and the RP had liaised with the person's GP. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Compliance packs were not left unsealed overnight after they had been prepared, and all medicines were removed from their packaging before being placed inside them. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

People's medicines were delivered to them either by the RP or by Royal Mail which could be tracked. The pharmacy kept records about this service. Contactless deliveries were currently taking place because of the pandemic. The RP contacted people before attempting to deliver and no failed deliveries had taken place. No medicines were left unattended. At the point of inspection, the pharmacy did not stock, and had not dispensed or delivered any Schedule 2 CDs.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Trident and OTC Direct to obtain medicines and medical devices. The RP date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines seen. The pharmacy was set up to provide a waste collection service from people's homes, but it had not yet been called upon to do so. The RP confirmed that he had applied for a waste license or registration as waste carriers to transport unwanted medicines in this manner. Drug alerts were received by email and actioned appropriately. Records were kept verifying this. The RP was aware of the risks associated with valproates and who was supplied higher-risk medicines. Appropriate literature was available to provide to people at risk when supplying valproates. However, people prescribed other higher-risk medicines were not routinely asked relevant questions or details about their treatment recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's private information is secure.

Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its dispensing activity. This included online as well as current versions of reference sources, standardised conical measures, a counting triangle and a dispensary sink, with hot and cold running water as well as hand wash. There was also a legally compliant CD cabinet along with an appropriately operating fridge. The pharmacist used his own NHS smart card to access electronic prescriptions and took this home overnight. An incinerator was available to dispose of confidential waste. The computer terminal was password protected.

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.