

Registered pharmacy inspection report

Pharmacy Name: Focal Point Online Pharmacy, 72 Waverley Road,
London, E17 3LQ

Pharmacy reference: 9011832

Type of pharmacy: Internet / distance selling

Date of inspection: 17/01/2023

Pharmacy context

This pharmacy supplies its services at a distance, and it is located in a residential area. The pharmacy dispenses NHS prescriptions which are supplied to people and people in care homes predominantly in East London. It offers the New Medicine Service (NMS) and a delivery service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 adequately identifies and manages the risks associated with its services to help provide them safely. It keeps the records it needs to keep by law, and these are largely kept accurate and up to date. And it protects people's personal information appropriately. People can provide feedback about the pharmacy's services.

Inspector's evidence

Standard operating procedures (SOPs) were available. These were generic SOPs the responsible pharmacist (RP) who was also the owner had obtained. The SOPs were specifically designed for distance selling pharmacies. The RP had not amended any SOPs to reflect how activities were carried out in the pharmacy. There was no record of the date for when the SOPs had been implemented or who had implemented them and who had read them. There was also no SOP linked to some of the services provided such as for compliance packs. The driver had not read any SOPs. The RP provided an assurance that she would review the SOPs and ensure the driver read the SOPs that were relevant to his role.

Risk assessments had been completed before the pharmacy had opened and were available at the pharmacy. The pharmacy had started trading in June 2022. The RP planned to review the risk assessments in April 2023. There was no date recorded on the risk assessments available to demonstrate when they had been completed. The RP had verbally briefed the driver on areas of the risk assessments relevant to him. The RP had not completed any audits since the pharmacy had opened. She had plans to complete an audit including an NHS clinical audit in May.

The RP said there had not been dispensing mistakes which were identified before the medicine was handed out (near misses) or anywhere the wrong medicine was handed to a person (dispensing errors). She described that in the event that there was a near miss she would investigate and make a record. The pharmacist had ordered a near miss logbook which was due to be delivered later that day. The RP described the steps she would take if there was a dispensing error. The National Reporting and Learning System (NRLS) was discussed with the RP. Before medicines were delivered, the RP opened and checked all bagged prescriptions.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure and a complaints section on the website that people could use. The RP said there had not been any complaints since they had opened. The correct RP notice was displayed.

The pharmacy had not dispensed any private prescriptions or unlicensed medicines. Records for emergency supplies and controlled drug (CD) registers were generally well maintained. The RP record was generally kept in line with requirements but on the day of the inspection the RP had not signed in. She had not been present at the pharmacy initially and there was also no record of any absence. Headers had not been completed for all CD registers seen. CD balance checks were frequently carried out. A random check of a CD medicine complied with the balance recorded in the register. A register was available to record CDs that people had returned.

The RP was working on a data security and information governance (IG) policy. The driver had been verbally briefed on data protection. The premises were not physically accessible to members of the

public. Confidential waste was collected, and the RP planned to shred this. A shredder was available. Computers were password protected and the RP had an NHS smartcard. The RP had access to Summary Care Records (SCR) and consent was gained verbally.

The RP had completed the level two safeguarding training course when she had worked at another pharmacy. She explained that she had planned to check if there was an updated course available which she needed to complete. The RP was aware of where the contact details could be found for local safeguarding boards. The driver worked for a large hospital trust and the RP thought he had completed safeguarding training as part of his role. At the time of the inspection the driver had no direct contact with people using the pharmacy as medicines were handed out by the pharmacist who accompanied the driver on deliveries. The need for referring to other agencies if there were safeguarding concerns for people residing in the care homes was discussed with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. Team members discuss any issues as they arise. And the pharmacy does some planning to assess its future staffing needs.

Inspector's evidence

The pharmacist was the only person present during the inspection. The pharmacy employed a delivery driver who worked a couple of hours in the evening and carried out deliveries alongside the pharmacist. The pharmacist said she was able to cope with the current workload. A dispenser was ready to work at the pharmacy when additional staff were required, but at the moment given the volume of business the pharmacy could not afford to employ additional staff. As the team comprised only of the pharmacist and driver things were discussed as they arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are generally clean and secure. The Pharmacy's website gives people information about who is providing its services.

Inspector's evidence

The pharmacy was situated on the ground floor of an end of terrace house. The premises consisted of two rooms a small kitchen and a bathroom. The largest room was used as the dispensary. Medicines were stored on shelves and there was a counter with the computer system and space for dispensing. The second room was used for preparing multi-compartment compliance packs and the fridge was also kept in this room. The RP described how she planned to use this room as a consultation room if she launched any face-to-face services. Cleaning was done by the pharmacist. Although the pharmacy was clean it was disorganised and cluttered in places.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare.

The pharmacy had its own online website (<https://focalpointpharmacy.co.uk/>). This website gave clear information about the pharmacy's opening times, how people could complain, the pharmacy's contact details and GPhC registration information and of the pharmacy owner and RP. The RP said the website was managed by a third-party company and currently there was very little traffic via the website. There were a limited number of over-the-counter medicines which could be purchased via the website. The RP was aware that people were required to complete a questionnaire before they could purchase any 'Pharmacy' only (P) medicines but was unsure as to what the questionnaire included as she had not had any OTC sales. She added that the third-party service emailed her if there were any queries or sales on the website via email and she would then respond to that. The inspector checked the website independently and there was a questionnaire that people had to answer before being able to check out. Security and date protection for the website was managed by the third-party.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was closed to people physically accessing it. Services provided were advertised on the pharmacy's website. The pharmacy mainly delivered to care homes locally and people living nearby. The RP described how currently people using the pharmacy were friends and family and two care homes which were owned by the same company. The pharmacy had been approached by the care homes when they had seen the branding outside the premises. The RP was working on getting more traffic on the website where people would be able to nominate the pharmacy as their preferred option. The RP was aware of the need to signpost people to other services and in the past had referred people to other pharmacies if she did not have stock available for any acute prescriptions.

Prescriptions were received by the pharmacy electronically. The RP printed out received prescriptions, prepared labels, and ordered stock. Once dispensed these were then left aside and checked later by the RP. Once prescriptions were ready the RP called people to inform them and confirmed when they would be available to arrange delivery. Dispensed and checked-by boxes were not available on labels, the RP signed the corner of the label to create an audit trail. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy did not have anyone who fell into the at-risk group. The RP did not have additional warning cards and labels and provided an assurance that these would be ordered. The RP was aware of the additional checks which needed to be completed for people taking medicines which required ongoing monitoring. The pharmacy did not currently supply any medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy had a list of people who had their medicines supplied in the packs along with the dates of when they were due. The RP ordered all prescriptions. On receiving the prescriptions these were checked for any changes or missing items. Packs were prepared and sealed by the RP. Medicines administration records were supplied to the care homes. The RP informed the care home co-ordinator when medicines were delivered. When people were admitted into hospital the RP waited until information was received from the GP before preparing any new packs. On some occasions the pharmacy received prescriptions for people from other settings, the RP informed people's GPs of this to ensure a repeat prescription could be obtained when the medication ran out.

Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were not routinely supplied with the packs or oiwings. The RP agreed to ensure these were provided monthly.

The RP counselled people over the phone on how to use their medicines. There was no record kept of these conversations. She described contacting people if there was a change to their medication. For people who resided in the care home the pharmacist went over personally and spoke to the person. People could contact the pharmacy via the website or telephone.

Deliveries were carried out by the driver and RP. The RP accompanied the driver and personally handed medicines over. In the event that someone was not available, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely. The pharmacy held very limited stock. Medicines were ordered as they were required for prescriptions. Expiry dates were checked as part of the dispensing process and the RP checked dates from time to time. There were no expired medicines found on the shelves checked. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received by email. The RP checked stock but the pharmacy held very limited stock and the RP said the pharmacy had not had stock for any of the recent recalls

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Up-to-date reference sources were available including access to the internet. The pharmacy had a medical fridge of adequate size. A blood pressure monitor was available. The RP said this was approximately a year old and was only for personal use. She planned to purchase a new monitor if any new services were introduced. Computer screens were 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.