

# Registered pharmacy inspection report

**Pharmacy Name:** Elite Pharmacy, 107 ICG House, Station Approach,  
Oldfield Lane North, Greenford, UB6 0AL

**Pharmacy reference:** 9011874

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

**Date of inspection:** 02/06/2023

## Pharmacy context

This is an internet pharmacy in an office unit on an industrial estate. It is closed to the public. The pharmacy dispenses prescriptions. And it sells medicines and provides health advice through its website <https://www.elitepharmacy.co.uk/>. It dispenses medicines in multi-compartment compliance packs to people who need them. And it provides a delivery service. The pharmacy also provides a blood pressure measuring service to people at home or in care environments.

## 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 has suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy adequately identifies and manages the risks associated with its services. Team members respond appropriately when mistakes happen. And they take suitable action to prevent mistakes in the future.

### Inspector's evidence

The pharmacy was closed to the public. And it offered its services over the internet. The most frequent visitors to the pharmacy were delivery drivers from the pharmacy's wholesalers. The pharmacy team consisted of the regular responsible pharmacist (RP) only. The RP was also the superintendent (SP). The pharmacy had opened approximately 10 months previously. And while its activity was low it was steadily increasing. And the SP was in the process of marketing and developing the pharmacy's services.

The pharmacy had an NHS contract. And most of the prescriptions it dispensed were NHS electronic prescriptions. It had also dispensed a small number of paper prescriptions. And it could dispense private prescriptions, but at the time of the inspection it had not yet had any. People could register their details on the pharmacy's website or by making direct contact with the RP. And after they gave their consent and their doctor's details, the pharmacy could access their prescriptions. The RP also requested repeat prescriptions for people who wanted her to. But people could request their prescriptions through the website or through the pharmacy's 'app.' They could also use the app to set a reminder when they needed to order their next prescription. The pharmacy's customers generally lived in the local area. And so, the RP delivered their medicines to them.

The pharmacy had a system in place for recording its mistakes. And it had made a small number of entries. The RP agreed that it was important to keep a record of any mistakes she made. And to review them regularly. She recognised that it was important to learn as much as possible from mistakes. The RP and inspector discussed that records should identify what could be done differently next time to prevent future mistakes and promote continued improvement. The pharmacy had standard operating procedures (SOPs) in place. During the inspection, the RP placed her RP notice on display showing her name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services. And they could leave a review on the website. The pharmacy's website provided information on how people could contact the pharmacy if they had any queries or were experiencing problems with the service. In general, the RP got feedback through the pharmacy's website, its app or on the phone. And it often got feedback directly from people or care homes at the time of delivering people's prescriptions. People had raised concerns when there were manufacturers' delays and wider medicines shortages. But the RP regularly contacted the appropriate GP's surgery to request alternatives from the medicines which were available. She did this so that people did not run out of their essential medicines. The pharmacy also tried to keep people's preferred make of medicine in stock so that it always had them. And it had also used the NHS 'Serious Shortages Protocol (SSP) to provide alternative antibiotics for people when the one they had been

prescribed was unavailable. But in general, the pharmacy received positive comments. It had received positive comments from people who preferred not to have to visit a pharmacy to get their medicines. And who could still see the pharmacist face-to-face when she delivered their medicines. It had also received positive comments from nursing and care staff at the homes. They were positive about being able to meet with the pharmacist face-to-face when she delivered the homes' prescriptions. And to have their queries resolved.

The RP could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. But she generally dealt with people's concerns at the time. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. It is understood that the pharmacy will renew its insurance arrangements for the following year when the current insurance cover is due to expire. In general, the pharmacy kept its records in the way it was meant to. This included its RP register. And its controlled drug (CD) register. But the RP recognised that the pharmacy's CD registers should not combine two different products. The pharmacy had systems for recording its private prescriptions and emergency supplies. And its patient returned CDs for destruction. But it had not yet had to use them.

The RP understood the need to protect people's confidentiality. And the importance of observing GDPR and data protection laws. Medicines were delivered directly to people's place of residence by the RP. And they were not left unattended to. Confidential paper waste was shredded. And online systems were encrypted. People did not generally enter the pharmacy, so people's prescription details could be kept secure. The RP had completed appropriate safeguarding training. She knew where to report any concerns. And she could access details for the relevant safeguarding authorities online. But she had not had any specific safeguarding concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff with the right skills to manage its workload. The pharmacist is sufficiently supported in her work. She keeps her knowledge up to date. And she seeks feedback from others, so that she can improve the quality of the pharmacy's services.

### Inspector's evidence

At the time of the inspection the RP was the sole member of the team working at the pharmacy. As the SI she had produced the pharmacy's SOPs and tailored them to the pharmacy's ways of working. The pharmacy was quiet at the time of the inspection. But the RP was up to date with the workload. This included attending to people's queries online. The RP kept her knowledge up to date by attending CPPE courses. And she produced several certificates to demonstrate this. These included training in dementia, sepsis, weight management and domestic abuse. The RP made her own professional decisions in the interest of patients. The RP worked as a locum at the weekends so that she could keep her knowledge and skills up to date. And she had pharmacist associates whom she could consult if she needed to.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are bright, tidy and organised. And they are sufficiently clean and secure.

### Inspector's evidence

The pharmacy was in a second-floor room in an office unit which was on a busy industrial estate. It had windows along its outside wall which helped to make its environment bright and well lit. And it had a desk, and an area for dispensing and checking. It also had an area for packing medicines for delivery. It stored its medicines on shelving units which ran along one of the pharmacy's walls. And under its work surface.

The RP kept the pharmacy clean and tidy. She had access to hand washing facilities and hand sanitiser. She also had access to staff facilities along the corridor nearby, which she shared with the other occupants of the building. At the time of the inspection room temperatures were appropriate to keep the RP comfortable. And they were suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. And it makes them accessible for people. The pharmacy gets its medicines and medical devices from appropriate sources. And it makes the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy stores its medicines properly.

### Inspector's evidence

The pharmacy's website gave its times of operation. And a description of its services. The pharmacy could order people's repeat prescriptions for them. It requested them two weeks before the next allocation of medicines was due. This gave the RP enough time to obtain the prescription, sort out any problems and order stock. She then assembled the prescriptions ready for delivery three days before the prescriptions. And it delivered prescriptions to people who lived in the surrounding areas. The pharmacy provided multi-compartment compliance packs for people living at home who needed them. And to the residents of local nursing and care homes. The compliance packs used were disposable and clean. They were labelled with the person's name, the name of the medicine and the approximate time the medicine was to be taken. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. Compliance packs had also been labelled with a description of each medicine, including colour and shape, to help people to identify them. And patient information leaflets (PILs) were supplied with new medicines and generally with regular repeat medicines. The RP gave people advice on a range of matters. She did this by telephone. And she gave appropriate advice to anyone taking high-risk medicines. The RP had additional leaflets and information booklets on a range of medicines including sodium valproate. The pharmacy had patients taking valproate medicines who were in the at-risk group. The RP described the precautions she took, and counselling she gave, when supplying the medicines. And she supplied the appropriate leaflets and warning cards each time.

The pharmacy offered a hypertension case finding service for people over 40 years old. The RP provided this service when delivering people's medicines. And she had provided for people living at home and for those in care homes and nursing homes. The service had led to a positive outcome for several patients where RP had referred them to their GPs following a high blood pressure reading. And some of those had returned to the pharmacy with a prescription for blood pressure lowering tablets. Others had their medication changed after telling the pharmacist that their current medicines did not suit them. The RP kept records to manage the process appropriately.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was tidy and organised. The RP date-checked the pharmacy's stocks regularly. And she agreed that keeping records would help her to manage the process effectively. A random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the RP put any out-of-date and patient returned medicines into dedicated waste containers. The pharmacy stored items in a CD cabinet and fridge as appropriate. The pharmacy monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. But it had not had any stock affected by recent recalls.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The pharmacy uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. The RP had access to a range of up-to-date reference sources. And as people did not visit the pharmacy, she could hold private conversations with people on the phone or in person when delivering their medicines. And she stored people's prescriptions out of view from any visitors to the pharmacy such as delivery drivers.

The pharmacy had one computer terminal which had been placed at the dispensing work- station. The computer was password protected. And the RP used her own smart card when working on PMRs, so that she could maintain an accurate audit trail. And ensure that access to patient records was appropriate and secure.

### 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.