

Registered pharmacy inspection report

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

Pharmacy reference: 9011891

Type of pharmacy: Internet / distance selling

Date of inspection: 21/06/2023

Pharmacy context

This internet pharmacy is set in a shared office building in the centre of Croydon. The pharmacy 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 medicines, through its website www.e-medicina.co.uk. It dispenses people's prescriptions. And it delivers medicines to people in person or by post.

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 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 considered the risks of coronavirus. Its team had the personal protective equipment it needed. And hand sanitising gel was available for people to use. The pharmacy had standard operating procedures (SOPs) and some 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. But it could do more to better identify and manage the risks associated with providing a prescription fulfilment service for some private GP clinics. People who worked at the pharmacy were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had processes to deal with the dispensing mistakes that were found before reaching a person (near misses) and those which weren't (dispensing errors). Its team took preventative steps to try to stop mistakes happening in the first place. And, for example, look-alike and sound-alike drugs were kept apart on the dispensary shelves to reduce the chances of the wrong product being picked. Members of the pharmacy team were required to discuss the mistakes they made to learn from them and reduce the chances of them occurring again. But they hadn't made a mistake since the pharmacy opened. The pharmacy displayed a notice that told people who the responsible pharmacist (RP) was at that time. Its team members 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, its delivery process was reviewed and strengthened following feedback about an attempted delivery.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It had an electronic controlled drug (CD) register. But the details of where a CD came from weren't always completed in full. And the pharmacy team didn't always check the stock levels regularly. The pharmacy kept records to show which pharmacist was the RP and when. But the pharmacist occasionally forgot to complete the record. The pharmacy kept an electronic record of the private prescriptions it supplied. But the prescriber's address wasn't always recorded properly. The pharmacy hadn't supplied any unlicensed medicinal products nor made any emergency supplies of medicines since it opened. The pharmacist gave an assurance that the pharmacy records would always be maintained as they should be. The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy 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 pharmacist had completed a level 2 safeguarding training course. And 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 pharmacy team consisted of a pharmacy manager (the RP) and a part-time delivery driver. The superintendent pharmacist usually worked alongside the RP once every fortnight. The delivery driver had completed accredited training relevant to their role. The pharmacy relied upon the RP to provide its services from its premises. But another pharmacist could cover the RP if they couldn't work. 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. And 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 decisions that kept people 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 changes were made to the pharmacy's entrance following their feedback. 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 has an adequate environment and website to deliver its services from. And its premises are clean and secure.

Inspector's evidence

The pharmacy had a website. And this provided the information it needed to in line with the General Pharmaceutical Council's 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 service. The registered pharmacy premises were set on the third 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 team could access the shared office building's self-care facilities. But the pharmacy didn't have its own sink. So, its team used sterile water to reconstitute medicines when needed. The pharmacy 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. Its working practices are safe and effective. And it delivers or transports medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. Members of the pharmacy team generally dispose of people's unwanted medicines properly. And they usually carry out checks to make sure the pharmacy's medicines are safe and fit for purpose.

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. And they could ask their NHS GP surgery or private GP clinic to send their prescriptions to the pharmacy. Members of the pharmacy team were clear on what services they could and couldn't provide from the pharmacy. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy used a next-day delivery service of a third-party company to transport medicines to people who weren't local to the pharmacy but who lived in the United Kingdom (UK). It also used Royal Mail's postal service to deliver non-urgent products, such as toiletries, ordered through its website. And it could track these deliveries. The handover of medicines to the delivery agent took place at the pharmacy under the supervision of a pharmacist. The pharmacy used tamper-evident packaging when it dispatched people's medicines. It also used ice packs and a proprietary brand of insulated packaging when transporting products that needed to be refrigerated. And it had assurances from the manufacturer that this packaging maintained an appropriate temperature range (between 2°C and 8°C) for these products during transit for up to 72 hours. The pharmacist gave an assurance that the pharmacy's method for transporting refrigerated products was scheduled to be reviewed to make sure products were maintained at an appropriate temperature range from when they left the pharmacy until they reach their destination. The pharmacy had a process for dealing with orders returned to it. Its team quarantined any undelivered medicines when it received them. And these medicines weren't reused but were disposed of appropriately. The pharmacy also provided a local delivery service. And the pharmacy kept an audit trail, as required by the SOPs, to show it had delivered the right medicine to the right person.

The pharmacy sold a small selection of over-the-counter medicines, including pharmacy-medicines, through its website. The pharmacy didn't supply medicines outside of the UK. 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 worked closely with its website developers to further strengthen its website. And, for example, the website no longer allowed people to request large quantities of medicines. 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 initialled each dispensing label to show who had assembled and checked the prescription. And they provided patient

information leaflets. So, people had the information they needed to take their medicines safely. 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. They knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. And they had access to valproate educational materials too.

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 and when it assembled each order or prescription. But it didn't always record when it had done these checks. The pharmacy stored its stock, which needed to be refrigerated, at an appropriate temperature. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for dealing with people's unwanted medicines. And these medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. But the pharmacy didn't have a hazardous waste bin to dispose of any unwanted cytostatic and cytotoxic medicines. 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 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 make sure people's personal information is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

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 its team checked and recorded each refrigerator's maximum and minimum temperatures on the days the pharmacy was open. The pharmacy's website told people that security measures were in place to help protect their personal data. And 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 made sure their card was stored securely when they weren't working.

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. |