

Registered pharmacy inspection report

Pharmacy Name: My Online Pharmacy, Unit 2, Suite 6,

Queniborough Estate, Queniborough, Leicester, Leicestershire, LE7
3FP

Pharmacy reference: 9011941

Type of pharmacy: Internet

Date of inspection: 06/10/2023

Pharmacy context

This is a distance-selling pharmacy based on a mixed industrial estate. Most of its activity is dispensing NHS prescriptions for people living in care homes and assisted living homes. The pharmacy also supplies medicines in multi-compartment compliance packs to people who live in their own homes.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. It keeps people's private information safely and it has some procedures to learn from its mistakes.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The dispensing assistant who had recently started said that she had received verbal training but had not read or signed the SOPs. She said that she would do so. She was able to explain how she safely dispensed a prescription. The pharmacy did not have an SOP for dispensing monitored dosage systems which was the main service that the pharmacy provided. The pharmacist said that he would speak to the superintendent about this.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). The pharmacist said that they had not made any dispensing mistakes because of the small number of items they were dispensing. The pharmacy maintained the legally required records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and controlled drugs (CD) records. The entries checked at random in the CD register during the inspection agreed with the physical stock held. CD balance checks were completed each time a medicine was supplied. Patient-returned CDs were recorded in a designated register. Patient-returned CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacists understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist and one newly appointed dispensing assistant. She said that she had received an induction and felt supported by the pharmacist. She was looking forward to starting the dispensing assistant's training course.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. The pharmacy's website provides relevant information to people using its services.

Inspector's evidence

The pharmacy was situated in a unit in a mixed-industrial estate. There was no public access to the pharmacy. The website contained details about who owned the pharmacy, its location and contact details. The dispensary was an adequate size for the services provided. There was suitable heating and lighting, and hot and cold running water was available. And there was hand sanitiser available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are mainly suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was not open to the public. The pharmacy delivered all medicines to people. Records of delivery were not always complete, the pharmacist said he would make sure they were completed. Medicines requiring cold storage were kept in a cold box with freezer packs and a data logger (thermometer) was taken to make sure the temperature was kept within an appropriate range. The pharmacy had just employed a driver and the role of a delivery driver in safeguarding vulnerable people was discussed.

The pharmacist understood the signposting process and knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. But during the inspection a white box containing sodium valproate was seen with a dispensing label but without the required warning label. The pharmacist said that because valproate had also been supplied in an original pack with a warning label he had not realised that a warning label would be required. A warning label was attached to the white box and the pharmacist said that going forward all dispensed packs containing sodium valproate would have warning labels attached.

The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacists visited the care homes and assisted living homes they provided services to regularly and reviewed medicines that required ongoing management such as warfarin, methotrexate, and insulin. The pharmacist did not make records of these interactions. This could mean helpful information was not available for other pharmacy staff to refer to.

When the dispensing assistant was involved in dispensing the pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. But when two pharmacists dispensed and checked the medicines a similar audit trail was not created. The pharmacist said that this was because they knew who had completed the tasks. He said that going forward he would make sure the medicine label was always signed. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines and monitored dosage systems to people living in care homes and assisted living homes. The pharmacy spread the workload for preparing these packs across the month, using a tracker to make sure they were prepared and supplied on time. Compliance packs seen included medicine descriptions on the packs for some but not all of the medicines supplied. Medicine descriptions make it easier for people to identify individual medicines in their packs. The pharmacist said that he would make sure identifiers were added for all medicines in compliance packs. The aim was to provide patient information leaflets (PILs) to people each month but in the packs checked PILs had not been provided. The pharmacist said he would discuss this with the team.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team was date checking medicines when they received the medicines from wholesalers and any short-dated medicines were sent back. The expiry date was also checked when the medicine was dispensed but no routine date checks were carried out. The pharmacist said they would introduce a process for regularly date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. At the time of the inspection the fridge thermometer showed that the fridge was within the required range of 2 and 8 degrees Celsius. The pharmacist said that if the fridge went out of range the thermometer would beep. The pharmacy had not been recording fridge temperature records for several months, the pharmacist said they would start recording temperature records again. The pharmacy's portable electronic appliances were less than 12 months old and looked in a good condition.

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.