

Registered pharmacy inspection report

Pharmacy Name: 365 Pharmacist, Unit 4, Hotchkiss Way, Binley Industrial Estate, Coventry, West Midlands, CV3 2RL

Pharmacy reference: 9011949

Type of pharmacy: Internet / distance selling

Date of inspection: 20/07/2023

Pharmacy context

This is a distance-selling pharmacy situated in an industrial estate in Coventry, West Midlands. The pharmacy relocated into brand new premises about six months ago. Its main activity is dispensing NHS prescriptions to community patients living in the local area and it sells pharmacy-only medicines on-line. It supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. The pharmacy is closed to the public and medicines are delivered via a delivery driver.

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 has written instructions to help deliver its services safely and effectively. And it generally keeps the records it needs by law to show that medicines are supplied appropriately. Members of the pharmacy team understand safeguarding requirements and they keep people's private information securely. However, the pharmacy doesn't always record and review its dispensing mistakes. So, it may be missing opportunities to learn and improve its processes.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and team members had read and signed the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display in the pharmacy. Team members could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had current professional liability and public indemnity insurance. Records about the RP and controlled drugs (CDs) were generally kept in line with requirements. CD running balances were kept and audited intermittently. Not all randomly selected CDs checked during the inspection reconciled with the recorded balances in the register. The pharmacy had not dispensed any private prescriptions or unlicensed medicines and so had no records about these.

The pharmacy had a procedure for recording, reporting, and reviewing dispensing mistakes that had reached people (dispensing errors). The superintendent pharmacist (SI) said that the pharmacy had not made any dispensing errors since it located into the new premises. Mistakes that were spotted before medicines were sent out for delivery (near misses) were recorded. Records were sparse and there was little evidence of a periodic review to identify how a mistake had happened or any emerging trends in the dispensing process. The SI said that the pharmacy's patient medication record (PMR) had a unique barcode validation process which was useful in identifying picking errors.

The pharmacy was registered with the Information Commissioner's office and its IT system was password protected. Confidential waste was shredded in the pharmacy and team members used their own NHS smartcards to access electronic prescriptions. The pharmacy's contact details, privacy notice and a link to report complaints were available on its website. The SI had completed Level 2 training about safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team understand their roles and responsibilities. The pharmacy has enough team members to manage its current workload safely.

Inspector's evidence

The SI was the RP on duty on the day of the visit and she was supported by an overseas qualified pharmacist and a pharmacy undergraduate student. The overseas-qualified pharmacist was enrolled on an accredited training program, and he was in the process of completing his dispenser's course. The team was managing the workload comfortably and team members were working well together. The SI completed her annual mandatory continuous professional development (CPD) to help keep her knowledge and skills up to date. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secured against unauthorised access.

Inspector's evidence

The premises consisted of a large room and the dispensary was fitted to a basic standard. It had enough space to store medicines safely and undertake its current dispensing workload safely. Members of the pharmacy team had access to hygiene facilities and a separate sink was available for hand washing. The premises were well lit, and the ambient temperature was suitable for storing medicines. The premises could be secured against unauthorised access. The pharmacy's website included the SI's name and registration number. And it also included the address of where the medicines were supplied from. The pharmacy sold pharmacy-only medicines from its website.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its dispensing services safely. It obtains its medicines from reputable sources and stores them correctly. It takes the right action in response to safety alerts and recalls so that people get medicines that are safe to use.

Inspector's evidence

The pharmacy provided its services at a distance, and members of the public could access its services remotely via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions to people living in the local area. And it was not linked with any on-line prescribers. The pharmacy delivered its medicines via a delivery driver and an electronic audit trail was kept at each stage of the process to ensure medicines were delivered safely.

The workflow in the pharmacy was organised and team members used baskets during the dispensing process to prioritise workload and minimise the chances of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The SI was aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The valproate packs on the shelves included appropriate warnings and the pharmacy did not have any person in the at-risk group currently being supplied with valproate. Assembled compliance packs checked during the inspection had been labelled with a description of the medicines contained within the pack. This helped people or their carers identify their medicines correctly. The SI said patient information leaflets were routinely supplied.

The pharmacy sold pharmacy-only medicines via its website. A question framework was used to gather information about the person's presenting complaint. The SI said that she had oversight of all orders placed and the IT system was equipped to identify repeated orders or if a person tried to create multiple accounts. The pharmacy did not sell codeine linctus on-line.

The pharmacy obtained its medicines from licensed wholesalers. No extemporaneous dispensing was conducted. Medicines requiring cold storage were kept in a fridge and stored within the required range of 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily when the pharmacy was open. Stock medicines were checked at random during the inspection and no date-expired medicines were found in amongst the in-date stock. All CDs were stored in line with requirements. Waste medicines were well separated from regular stock and placed in designated containers.

The pharmacy had a process to deal with safety alerts and medicines recalls making sure the medicines it supplied were fit for purpose. Records of actioned alerts were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy's computers and PMR were password protected. And it had internet access. A range of reference sources were available in the pharmacy and on-line. The equipment for counting loose tablets and capsules was clean. There were several stamped glass measures available for dispensing liquid medicines. The medical fridge was in good working order and all other electrical equipment also appeared to be in good working order.

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.