

Registered pharmacy inspection report

Pharmacy Name: Coda Pharmacy, Unit 15, Westham Business Park,
Pevensey, East Sussex, BN24 5NP

Pharmacy reference: 9011985

Type of pharmacy: Internet / distance selling

Date of inspection: 02/08/2023

Pharmacy context

This is a new pharmacy in a warehouse on an industrial estate in Pevensey, not far from Eastbourne. The pharmacy only dispenses NHS prescriptions that it receives electronically as people can't visit the pharmacy in person. Then it delivers them to wherever they live in the UK.

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 up-to-date written instructions to help its team members carry out their work safely. They also know what to do when they make a mistake so they can learn and avoid having the same thing happening again. The pharmacy generally keeps satisfactory records of the things it needs to. It responds appropriately to comments made by people who use its services. And its team members understand their role in helping to safeguard vulnerable people.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for team members to follow when carrying out their tasks. They were available online and included those relating to the responsible pharmacist (RP). The RP, who was also the superintendent pharmacist (SI), confirmed that they would be updated every two years, or sooner if there were any significant changes. There was a business continuity plan in place so that the pharmacy could continue to provide its services in the event of a power cut or similar unforeseen emergency. The RP described the risk assessment they were currently undertaking in order to have their website linked to the NHS app with its own login.

There was a near miss record book, which currently had no entries as the pharmacy was still very new and none had yet occurred. The RP confirmed that they would use the record to learn from their mistakes and to monitor any trends. Audits and checklists were also discussed as a useful means of ensuring that they were following their own procedures and helping to highlight where changes might be needed. Upon reflection the RP agreed that they would start with an annual audit and then increase its frequency as they became busier.

There were only two pharmacists currently working in the pharmacy and they were both clear about their respective roles. There was a responsible pharmacist notice on display near the entrance, showing who the RP was. There were two RP records, one paper and one electronic. The paper record had already been filled in to show what time the RP's responsibilities would cease later that day. When this was pointed out, the RP accepted that it would be better to maintain just one record and ensure that it was completed at the appropriate times. He was also reminded of the need to ensure that absences of up to two hours should be recorded. All dispensing labels were initialled to show who had assembled prescriptions and who had checked them.

The pharmacy monitored its facebook page and accepted feedback from people online. It had responded to some feedback about its delivery service by calling people to check they would be in to accept the delivery. There was a current certificate of insurance on display showing that the pharmacy had professional indemnity cover in place until January 2024.

The pharmacy kept an electronic record of the private prescriptions it had dispensed, and the emergency supplies it had made. The emergency supply records examined did not include details of people's regular prescriber, so the RP agreed to contact their system supplier to clarify how that information could be accessed in the records. There had been no purchases of unlicensed medicines ('specials') but the team knew what records they needed to keep. Those controlled drug (CD) records examined were in order, although the stock balances weren't being checked as frequently as the SOP specified. Some individual CDs were checked more frequently than others. Upon reflection the RP

agreed to review the SOP and then ensure that all CD records were checked at the specified frequency. None of the records examined had been altered. The pharmacy's patient medication record (PMR) system was backed up regularly to secure cloud storage.

There was an information governance (IG) policy in place, and a privacy notice on the pharmacy's website. The data security and protection (DSP) toolkit had been completed and submitted in accordance with NHS requirements. Those team members present understood the UK general data protection requirements (GDPR) and knew how to protect people's private information.

The RP confirmed that he was the safeguarding lead for the pharmacy, and that both of those present had completed the necessary safeguarding training. There were safeguarding procedures in place and they both knew where to find the local safeguarding agency's contact details online. They were signposted to the NHS safeguarding app as a useful source of up-to-date information and contact details of safeguarding agencies elsewhere in the UK.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload, and they work well together. They are appropriately qualified for the work they are doing, and they keep themselves up to date. The pharmacy also has suitable arrangements in place if they need extra help at any time.

Inspector's evidence

There were two pharmacists on duty at the time of the inspection. The RP confirmed that they were the only people employed by the pharmacy, although there were other family members who had been trained and could provide additional cover if necessary. The workload was low and appeared to be easily manageable for the two of them. The RP confirmed that the staffing levels were kept under review so that they could be increased as the workload increased.

Both pharmacists kept themselves up to date and confirmed that they completed the required continuing professional development (CPD) throughout the year. They appeared keen and enthusiastic, sharing learnings between them so that they could continually improve their services. They had no specific targets other than growing the business, and they did not allow this to adversely affect their professional decision making.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises, and its website, are suitable for the type of services it offers. They are spacious, clean and tidy, providing a suitable environment for its team members to work in.

Inspector's evidence

The pharmacy premises were in a large warehouse building with two floors. There was a screen between the glazed front doors and the dispensing area so that anyone looking couldn't see in. The main floor area behind the screen was used for storage and for assembling prescriptions. The area was laid out in an organised fashion and the workstation was tidy with some baskets of prescriptions currently being assembled. There was a separate area used for items that were ready for local delivery. There was plenty of space to allow the business to expand. The premises were clean and tidy, having been recently fitted out.

The pharmacy's website (<https://www.codapharmacy.co.uk>) contained the required information about the pharmacy and its superintendent pharmacist. There were no prescription only medicines (POMs) listed and the main focus appeared to be on encouraging people to use it for their NHS prescriptions.

The first floor was currently unused but had tables and chairs ready for use as an office, partly open plan. There was a separate staff room and toilet with hot and cold running water. The ambient temperature was comfortable for people to work in and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner. The pharmacy sources, stores and manages its medicines safely. And it makes sure that the medicines it supplies are fit for purpose. Its team members have a clear understanding of what to do when they supply people with high-risk medicines, and they know what extra information they need to take their medicines safely.

Inspector's evidence

The pharmacy was offering its services at a distance as it is not open for people to visit in person. It encouraged them to sign up online so that their NHS prescriptions could be sent directly from their doctor to the pharmacy. The RP explained that they always asked people to provide their phone numbers so they could speak to them directly about their medicines or answer any queries they may have. They also called people when they were ready to deliver their medicines so they could check if they would be in to accept the delivery. Most of the prescriptions they dispensed were from GP surgeries close to the pharmacy.

Prescriptions were generally labelled and clinically checked by one pharmacist before being assembled by the other one. The dispensing labels were initialled to show who had assembled them and who had completed the final accuracy check. They had a system for recording what they owed to people if they were unable to supply the full amount on their prescription. The pharmacist explained that they had good working relationships with the local surgeries and that they could normally obtain prescriptions for suitable alternative products if necessary.

Local deliveries were completed by the two pharmacists, either during the working day or on their way home after work. There was a record of all deliveries made. They used the Royal Mail Tracked 24 service to send items elsewhere in the UK. Any CDs were sent using a 'signed for' service so that there was a clear audit trail. Medicines that needed to be refrigerated were packaged in specially designed cool containers and sent using a next day service. The cool containers were designed to maintain the cold chain for up to four days to allow for any unforeseen delays.

There were a number of box files containing the individual details for those having their medicines supplied in multi-compartment compliance aids. They included details of the person's medicines and the time of day they were due to take them. They were updated when each prescription was received, and any changes confirmed with the surgery before assembly. The pharmacy worked on a four-week cycle and there was a chart on the wall showing who was due a delivery each week. The RP also had a planner with the cycles marked on to help with managing their workload. The pharmacy didn't manage the reordering of the medicines, but they did keep track of those due, and they would remind the surgeries if time appeared to be running short. Descriptions of each tablet or capsule were manually added to the labels, and patient information leaflets (PILs) were included unless people had said they didn't want them. When the RP was reminded of the requirement to supply PILs, he confirmed that they were always supplied for new items and that they kept a record of those who already had them and said they didn't want more.

The RP and second pharmacist were both aware of the need to check that women and girls who could become pregnant had long-term contraception in place as part of the pregnancy prevention

programme (PPP). They didn't currently supply any valproates to anyone in the at-risk group, but they would make the necessary checks and record the intervention on their PMR system. They would also supply the medicine in the manufacturers original packs and ensure that their label didn't cover any of the warnings.

The pharmacy used recognised pharmaceutical wholesalers to obtain its stock, which was all stored in the manufacturer's original containers. There was a date-checking matrix, although the pharmacy hadn't been open long enough to complete a full cycle yet. There was also a fridge temperature chart showing their daily temperature checks. All were within the required range, and they knew what to do if it went out of range.

The pharmacy had a book to record CDs that were no longer wanted by people and returned to the pharmacy for denaturing and safe disposal. They received alerts and recalls from the MHRA and could show what action they had taken where it had been necessary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities for the services it provides. And it uses them appropriately to help ensure it provides its services safely while protecting people's personal information.

Inspector's evidence

The pharmacy had a set of plastic cylindrical measures which had no markings on to verify their accuracy. The RP explained that they had been sold to them as CE marked so was advised to confirm this with the supplier. The pharmacy also had the necessary equipment for counting loose tablets and capsules. It had access to online reference sources. The pharmacy obtained its equipment from recognised sources, mostly through one of the established pharmacy support organisations which gave them some assurance that the equipment supplied was fit for purpose.

There was a small medical fridge used for storing medicines that needed to be kept between two and eight degrees Celsius. There was also a CD cabinet which had been bolted to the floor in accordance with the relevant safe custody requirements. Computer screens were only visible to those working in the pharmacy, and access was controlled by individual logins and NHS smartcards.

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.