

Registered pharmacy inspection report

Pharmacy Name: ClickPharm, Ground Floor 5 Building 11, Thames Industrial Park, Princess Margaret Road, East Tilbury, Tilbury, Essex, RM18 8RH

Pharmacy reference: 9011992

Type of pharmacy: Internet / distance selling

Date of inspection: 04/11/2024

Pharmacy context

This is a closed pharmacy, located in East Tilbury, Essex. It offers consultations with a pharmacist and a prescribing service. It does not provide any NHS services but compounds and dispenses medications against private prescriptions and offers a delivery service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 procedures which help team members deliver its services in a safe and effective manner. It generally manages the risks associated with its services well. Team members protect people's information and have the relevant training to safeguard the welfare of vulnerable people using their services. People using the pharmacy's services can easily provide feedback in several ways, and the pharmacy has procedures to minimise errors and learn from its mistakes. The pharmacy mostly keeps the records it needs to; however, some of its records are incomplete which may make it more difficult for the pharmacy to show what it has done if there is a query or concern.

Inspector's evidence

The responsible pharmacist (RP) record was completed fully. No RP sign was visible in the pharmacy at the time of inspection, however the SI gave assurances that this would be rectified. Standard operating procedures (SOPs) had been updated recently. Team members had read them, and they were available to reference when required.

The pharmacy did not hold stock of controlled drugs (CDs) requiring safe storage, or issue emergency supplies. Private prescription records did not contain all of the required information; for example, they did not include the addresses of the prescriber or of the person prescribed the medication, and they did not include the date on which the prescription only medicine was sold or supplied. Records about unlicensed medicines prepared by the pharmacy contained some of the required information. But they did not include information about calculations and workings out, batch numbers or expiry dates of starting materials used, or descriptions of the containers and closures used. The RP gave assurances that this information would be recorded going forward. Records about unlicensed medicines supplied by the pharmacy were provided following the inspection and contained most of the required information. The prescribing pharmacist said that electronic copies of the labels that had been put on medicines supplied were kept on the patient medication record system, with address and contact details of the person. There were also Control of Substances Hazardous to Health (COSHH) records available.

The pharmacy had completed risk assessments for each of the conditions they prescribed and supplied for. These identified some of the risks associated with prescribing remotely and compounding medicines for treating the associated conditions. The pharmacy had taken some steps to mitigate risks it had identified, including using an external identification checking service, and quality testing of medicines. Some risks associated with compounding had not been identified such as calculation verification. And the risk assessments did not contain information about when they would be reviewed or the circumstances that would trigger a review. So it was not clear whether the pharmacy would take appropriate steps to address emerging risks as its services developed.

Prescribing protocols were in place for each of the conditions that the pharmacy prescribed for. And these outlined what treatments were available for each condition. At the time of the inspection the pharmacy was only offering hair loss treatments. A questionnaire was sent to people requesting treatments, to gain initial background information and the prescribing pharmacist explained that a telephone consultation was then completed to discuss all options for treatment depending on the type of hair loss. And information was given to help individuals make an informed decision. The

pharmacist prescriber explained about the use of unlicensed medicines during the consultations, and consultation records were generally well kept. People were provided with telephone and email details of the prescriber so that they were able to raise any concerns or questions when they started the treatment. A sample of protocols were reviewed following the inspection, and they contained references to national guidance and research studies.

The SI and the prescriber said that they had not yet completed any audits for the services offered due to the low number of prescriptions they had processed. Audit templates were in place to cover various aspects of the service including clinical decisions, customer feedback and identity checks. The SI said that they planned to do these quarterly or annually depending on the area being audited.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). The SI explained that due to the low number of items the pharmacy dispensed, there had not been any near misses. And there had been no reported dispensing mistakes which had reached people (dispensing errors). There was an SOP available for dealing with dispensing errors and team members could describe the actions they would take if a dispensing error occurred. Feedback or complaints from people using the pharmacy's services could be received via telephone, or email. If a complaint was received, team members could escalate issues to the SI and refer to the SOP. The pharmacy had current professional indemnity insurance and the pharmacist prescriber confirmed that it covered the activities carried out at the pharmacy, including independent prescribing, and compounding unlicensed medicines.

The computers were password protected meaning that confidential electronic information was stored securely, and confidential paper waste was shredded on-site. Team members had completed data protection training. The SI had completed level two safeguarding training and the pharmacist prescriber had completed level 3. They understood safeguarding requirements and were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. They were aware how to refer to safeguarding authorities if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient levels of staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members undertake additional training to help develop their skills.

Inspector's evidence

The team on the day of inspection consisted of the SI, who was working as the RP and the prescribing pharmacist. They were able to cover each other's absences or planned leave to ensure business continuity, and prescribing services were not offered if the prescriber was on leave. The pharmacists could signpost people to other pharmacies if necessary. There were no current numerical targets set for the services offered and there was no backlog of workload. They confirmed that they felt comfortable in using their professional judgement and said that they had support from each other to ensure services were offered safely.

There was no formal appraisal process, however the pharmacists described working openly and honestly with each other and had informal discussions around concerns and feedback. A call was held once a week to discuss any issues or learning and strategies for the business. Ongoing learning was available through various online resources and this could be completed in working hours. The pharmacists had a designated person from the wholesaler which supplied their raw materials, who they could contact with any training needs in terms of compounding. The prescribing pharmacist also had access to external support from other healthcare professionals and kept up to date with national guidance for the services they offered. Following the inspection, they provided evidence of ongoing learning for their area of prescribing expertise in men's health.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it has appropriate space for providing its services safely. The pharmacy premises are also safe, secure, and appropriately maintained.

Inspector's evidence

The pharmacy was inside an office building on the ground floor. It was clean and tidy, and had appropriate lighting and air conditioning to maintain a suitable temperature for the storage of medicines. As you entered the pharmacy desks with seating and a computer were available for team members to complete telephone consultations. At the rear of the premises there was an area for compounding with designated work benches. The area was separated using a taped line on the floor to remind team members that the correct personal protective equipment (PPE) was used past that point of the premises. Team members had a cleaning rota to maintain the pharmacy. A toilet with separate handwashing facilities was available in the main building. There was a shared sink also in the main building for handwashing, and the pharmacist explained that a drum was used to rinse equipment before taking to the sink to wash, to avoid contamination of shared facilities. The pharmacy had a website which contained contact information for the pharmacy and clear details of the SI and pharmacy registration details.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are safe. The pharmacy obtains its medicines and raw materials from reputable sources and stores them appropriately. Team members take the right actions to take in response to safety alerts and recalls, to ensure medicines and medical devices are fit for purpose.

Inspector's evidence

All base ingredients and original packed medicines were sourced from licenced suppliers. The pharmacy had a validation process in place to ensure that the wholesalers it used were appropriate. This included checking certificates of analysis, quality assurance certificates and safety data sheets. A spot check of stock revealed no expired medicines and a date checking matrix was in use. The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The RP said that the emails were checked daily and a SOP was in place for the management of safety alerts and drug recalls, including distribution of information more widely if necessary. The pharmacy did not keep a record of the alerts that had been actioned, so there was no audit trail to show what action had been taken. Patient information leaflets were supplied with all medicines, including compounded medicines.

The pharmacy operated by telephone appointments only. People who contacted the pharmacy had usually had the service recommended. The SI explained that they had friends who worked as barbers and told their customers about the pharmacy if they thought it might be useful to them. The pharmacy also operated a website to advertise its services. People were not seen face-to-face, but photographs were encouraged for monitoring the effectiveness of treatments, no examples of these were seen during the inspection. The pharmacist prescriber explained that if photographs were not provided, results would be discussed over the phone upon prescribing further supplies of treatments to ensure the appropriateness of the medicines prescribed. A prescribing system was used to generate a prescription following the consultation and these were stored electronically. And electronic signatures contained the prescribers details and professional registration number. Only a small number of people consented to share information with their regular prescriber which could mean that most people's GPs were not aware of treatments that they were receiving from the pharmacy. Identity checks were performed through an external company.

The RP explained that prescribing, and compounding activities were usually completed on different days to reduce the risk of mistakes. Members of the team wore full Personal Protective Equipment (PPE), including laboratory coats, hair nets, beard nets, gloves, and shoe covers when working in the laboratory. When working in the compounding area, worksheets were prepared by one of the pharmacists and double checked by the other pharmacist. The formulas used to prepare the unlicensed medicines were sourced from an MHRA regulated company that the pharmacy also brought their raw materials from. The company provided the pharmacy with safety and efficacy data for these formulations. The visual consistency and pH of batches were checked for stability every 30 days over a 90-day period. When filling bottles with compounded product for dispensing to people, the pharmacists checked each other's work to ensure accuracy.

The pharmacy held some over the counter and pharmacy-only medicines, which were available for purchasing through the pharmacy's website. But the pharmacy had not yet sold any of these at the time

of inspection. The pharmacy offered a delivery service through a courier, all deliveries were completed through the tracked 24-hours or same day, signed-for option. And discreet packaging was used with tamper-evident seals.

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 and has adequate resources to provide information.

Inspector's evidence

The pharmacists had access to and used current and relevant reference sources for clinical checks and providing advice. The pharmacy had lockable cabinets for the storage of medicines, and a fridge, but this was not yet in use. And a medicinal waste bin was available. Accurate weighing scales were calibrated monthly, and an electronic mixer was available for compounding, alongside clean conical measures, and beakers. PPE included hair and beard nets, laboratory coats and shoe covers. A portable telephone enabled conversations to be kept private where necessary.

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.