General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Olympia Pharmacy, 111 Mirror Works, 12 Marshgate Lane, London, E15 2NH

Pharmacy reference: 9012164

Type of pharmacy: Internet / distance selling

Date of inspection: 11/11/2024

Pharmacy context

This is a distance-selling pharmacy which provides its services via its website (olympiapharmacy.co.uk). The pharmacy does not provide NHS services. It dispenses private prescriptions generated by external prescribers. The types of medicines mainly dispensed include treatments for acute conditions such as infections, weight management and gender reassignment. The pharmacy is closed to the public and medicines are delivered to people via the Royal Mail.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not carry out enough checks and risk assessments to be able to provide assurance that prescriptions issued by the overseas prescribing service it works are safe and appropriate.
		1.3	Standard not met	The pharmacy team does not fully understand what they are able to do in the absence of a responsible pharmacist. This means that they sometimes prepare medicines when it is not appropriate.
2. Staff	Standards not all met	2.2	Standard not met	Some members of the pharmacy team have not completed appropriate training for their roles.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not always have a Responsible Pharmacist overseeing its activities and services. And it cannot demonstrate that it has assessed the credentials of all the prescribers it works with or whether the prescribers are following appropriate clinical guidance. The pharmacy does not provide suitable training for its team members to make sure they are able to deal with safeguarding concerns appropriately. The pharmacy team record its mistakes so it can learn from them. And team members are provided with training so that they know how to protect people's confidential information.

Inspector's evidence

The pharmacy had a set of Standard Operating Procedures (SOPs). These were due to be reviewed early 2024 but only one SOP had been annotated to confirm that it had been reviewed. So there was a risk that some SOPs may not always reflect current practice. Team members had not signed the relevant SOPs but those present during the inspection confirmed that they had read them. The superintendent pharmacist (SI) said that they were in the process of updating the SOPs.

The pharmacy had a process for recording its 'near misses', where a dispensing mistake was identified before the medicine was handed to a person. The near miss record was easily accessible to team members, and they were all involved in documenting them. The SI said that the near miss record was reviewed to help identify why the mistake happened and how it could be prevented in the future. The reviews were not documented which meant that any action agreed on may not have been followed up. The pharmacy team had implemented some changes as a result, for example, they conducted an additional accuracy check during busier periods. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors. However, the form available to document dispensing errors did not have sections to include patient or prescriber details. This may make it difficult to find the relevant record.

The SI said that they carried out risk assessments before providing services to clinics. This included reviewing treatments provided at the clinic, checking that the clinic was registered with the Care Quality Commission (CQC), and that their prescribers were registered with the relevant bodies, such as the General Medical Council (GMC). Some of the prescribers were from the European Economic Area (EEA). These checks were not documented so the pharmacy could not demonstrate when they were completed or how effective they were. The SI said they had checked the guidance used by the clinics the pharmacy worked with, but the pharmacy had not conducted any audits to check if the guidance was being followed.

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. A pharmacist usually started work at 1pm but the pharmacy was open from 9.30am which meant that the RP was absent for longer than two hours. Team members said that they completed dispensing tasks during RP absence but said that they would not hand out dispensed medicines to the courier. The RP record was kept electronically, and samples checked were in order. The pharmacy had current professional indemnity insurance cover. The private prescription record was kept electronically and was completed in line with requirements. The pharmacy did not always keep appropriate records of unlicensed medicines so it did not have a clear audit trail to show what had been supplied. It did not dispense Schedule 2 or 3 CDs.

People could give feedback on the quality of the pharmacy's services via online reviews, the pharmacy's website, or by telephone. A complaints procedure was available for the team to refer to. The pharmacy also received feedback directly from clinics and had recently worked on improving communication to people about expected time frames.

Team members had read the pharmacy's Information Governance SOP. They were provided with verbal training about the General Data Protection Regulation. The SI said that they would formalise this training. They were able to describe ways in which they would protect people's information, for example, obtaining verification before sharing any details over the telephone. Confidential waste was shredded on site and computers were password protected. The premises were not open to the public.

The SI had completed the relevant CPPE training on safeguarding vulnerable people. Some team members had not completed any training but said they would raise any concerns to the SI. The pharmacy did not have a safeguarding procedure in place and team members did not know how to contact local safeguarding teams. The SI said they would ensure that a procedure was implemented and that team members were provided with the relevant training.

Principle 2 - Staffing Standards not all met

Summary findings

Some pharmacy team members have not completed the necessary training for their roles. So they do not have the appropriate skills and knowledge for some of the work they carry out. But the team is generally able to manage the pharmacy's workload.

Inspector's evidence

At the start of the inspection there were two assistants working in the pharmacy but no pharmacist was present. The SI arrived later. Both assistants were involved in dispensing tasks but had not completed the relevant training and were not enrolled onto a course. They had been working at the pharmacy for over seven months. The pharmacy also employed another assistant who was on annual leave at the time of inspection. They were also involved in dispensing tasks but had not completed the relevant training.

The SI usually covered pharmacists shifts and locum pharmacists were booked as and when needed, usually two days a week. Team members had a good understanding of the pharmacy’s services were observed managing their workload well. They dealt with telephone queries efficiently.

The SI explained that team members had access to pharmacy magazines and booklets, and they were provided with training sessions every now and then, for example on isotretinoin, CD legal requirements, and the new government restrictions on the use of Puberty Suppressing Hormones. The training sessions were not documented. The SI kept their skills and knowledge up to date by reading guidance, researching material on pharmacy websites, and attending webinars. They had recently attended a webinar on Artificial Intelligence in medical settings and how it could impact patient safety.

Performance was discussed informally, and team members were provided with feedback regularly. Meeting and discussions took place when needed and team members felt that they could openly raise concerns or give feedback to the SI. Targets were not set for the team.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide a suitable environment for healthcare services. The pharmacy is kept clean and it is secure.

Inspector's evidence

The pharmacy premises comprised of a spacious room in an office block. The room was always locked and accessed via key fobs. It was spacious, bright, and well organised. The pharmacy was fitted with several workstations, a workbench, and shelves.

The pharmacy had a portable sink, but it was not in working order. There was a sink in the communal staff area of the office block. Toilets were also available throughout the building. Cleaning tasks were shared by the team and the pharmacy was clean. The premises were secured from unauthorised external access.

The pharmacy did not provide any services via its website. The website included the relevant information including the pharmacy's contact details, premises registration number, updates about their gender services, and the SI's details.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy generally manages its other services effectively. But it cannot show that it keeps medicines requiring cold storage at the right temperature. This means that it may not be able to demonstrate that those medicines are safe to use.

Inspector's evidence

The pharmacy promoted its services by directly approaching clinics and via its website. People's prescriptions were sent via an electronic platform which provided them with a choice of pharmacies. The platform allowed people to see prices and delivery time frames for each pharmacy so they could decide where their electronic prescription was sent. The pharmacy also informed clinics about their cut-off times and the medicines they usually kept in stock.

Prescriptions were seen to have an advanced electronic signature. Team members described carrying out legal checks of the prescriptions before dispensing the medicines. Dispensed medicines were then placed on a separate workbench for a clinical and accuracy check by a pharmacist. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. There were designated areas to dispense and check prescriptions. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails.

The pharmacy mainly dispensed medicines for acute conditions, as well as Hormone Replacement Therapy for gender reassignment. Team members were aware of the new government restrictions on the use of Puberty Suppressing Hormones. They said that they no longer dispensed medicines for people under the age of 18 years old, and issued a refund if a prescription was found to be issued against the government restrictions. The pharmacy verified a person's age when they first accessed the pharmacy's services, and if they were prescribed hormone replacement therapy for gender reassignment. People were also signposted back to their prescriber. The pharmacy had sent an email to people to explain the government restrictions and its website also explained the changes.

The SI regularly liaised with chief medical officers at the clinics and team members had access to a list of prescribers in case they had a query. Team members said they liaised with prescribers to check if people taking higher-risk medicines, such as isotretinoin and lithium, were being monitored. These checks were not documented which meant that the pharmacy was not able to demonstrate whether checks had been completed or who had done them.

People were sent a link to upload their ID if needed, for example, if there was a discrepancy with the person's details. The SI said that the clinics carried out ID checks but did not have access to their checks and did not know how they were carried out.

A photograph was taken of the dispensed medicines before they were packed in a separate area. This helped team members deal with any queries or complaints. Medicines were packed in tamper-evident cardboard boxes. Medicines requiring cold storage were not dispatched on the weekend and were packed inside 'IceTech' envelopes with a cooling pack. These helped maintain the temperature for up to 72 hours. The pharmacy only delivered medicines to people living in the UK and used the Royal Mail's

24 hour or ‘special’ delivery service.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a date-checking record. No expired medicines were found on the shelves in a random check in the dispensary. Fridge temperatures were checked and documented daily but the recordings indicated that the maximum fridge temperature was slightly higher than the recommended range, over an extended period. The pharmacy team had not followed this up and there was no procedure in place to deal with temperature discrepancies. This may make it harder for the pharmacy to provide assurances that the medicines were stored within the recommended range. The SI said that they would contact an engineer, check the fridge temperatures closely over the next few days, and implement a procedure. The pharmacy team members said that drug alerts and recalls were received electronically and actioned but did not keep a record of the action taken. They said they would maintain a record in the future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Computers were password protected. The pharmacy had a pharmaceutical fridge, and this was clean and suitable for the storage of medicines. Waste medicine bins were used to dispose of waste medicines. Members of the team had access to the internet and several up-to-date reference sources.

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.