

Registered pharmacy inspection report

Pharmacy Name: E-Surgery, Evaro and E-Pharmacy, Pharmacy Unit,
42 Barnard Road, Bowthorpe Employment Area, Norwich, Norfolk,
NR5 9JB

Pharmacy reference: 9012167

Type of pharmacy: Internet / distance selling

Date of inspection: 04/12/2024

Pharmacy context

This pharmacy is located in an industrial estate in Norwich. It is a distance-selling pharmacy which dispenses medicines issued on private prescriptions. Since the last inspection, the pharmacy has transferred its prescribing to its Care Quality Commission (CQC) registered prescribing service. All medicines are sent to people by a third-party courier service and the pharmacy is closed to the public.

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 manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures in place to help the team work safely. The pharmacy keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

Inspector's evidence

The pharmacy's main business was dispensing and posting medicines to people that had been prescribed by prescribers under their CQC registered service. People would complete questionnaires online which were reviewed by the prescribers who would issue a prescription if appropriate which was sent to the pharmacy to be dispensed.

The correct responsible pharmacist (RP) was on display in the pharmacy. The superintendent pharmacist (SI) was present during the inspection. The pharmacy had a range of standard operating procedures (SOPs) available electronically. The SOPs had been read by all team members and they had signed to say that they had read them. The SOPs had been reviewed and updated recently by the SI. All team members including the SI had completed level two safeguarding training, and the pharmacy had details of local safeguarding contacts as well as other contacts available through the NHS safeguarding app.

The pharmacy recorded near misses (mistakes spotted before a medicine reached a person) on paper log sheets in the dispensary. Near misses were recorded regularly and in a good level of detail. The SI said that the team had monthly meetings to discuss the near misses and look for any trends that occurred. Dispensing errors (mistakes that had reached a person) were recorded on a separate dedicated report sheet in more detail than near misses. The SI said that when a dispensing error occurred, a meeting would take place with all team members to discuss the error. An example was given where the incorrect medicine had been supplied to a person. The SI said that as a result of the error, the medicines had been separated on the pharmacy shelves and warning notices had been put up reminding team members to be more vigilant when picking medicines.

There was a customer services team (CST) available who people could contact by phone or email to make a complaint, give feedback or ask any questions they had. Minor non-clinical queries could be answered by the CST but more complex or clinical queries could be escalated to the RP on duty or the SI if necessary. Contact details for the CST were available online.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy kept records of its prescriptions on its electronic private prescription register. This was maintained in line with legal requirements. The pharmacy did not store or supply any controlled drugs (CDs). The RP record was largely complete with only a couple of entries seen missing a finish time. The SI said that a notice had been put up on the way out of the pharmacy to remind pharmacists to sign out at the end of the day and he said this had helped to reduce the number of missing finish times in the RP log. The pharmacy handled confidential waste appropriately. Confidential waste was shredded on site as soon as it was no longer needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. And team members do the right training for their roles and the services they provide. They do ongoing learning to keep their knowledge and skills up to date. And they have regular formal reviews of their progress. They are able to raise any concerns they have.

Inspector's evidence

The pharmacy team consisted of three regular pharmacists including the SI and nine dispensing staff. There were also four team members not involved with dispensing of medicines who packed up checked orders and prepared these for delivery. All dispensing team members had either completed or were in the process of completing the appropriate training for their role with an accredited training provider. And all team members were given in-house training to complete for their roles. The pharmacy had enough team members to manage the workload and the team was up to date with dispensing. Team members were observed working well together during the inspection. And they knew what activities could and could not be done in the absence of an RP. The SI confirmed that team members received ongoing training on an ad-hoc basis, usually when a new medicine or service was introduced at the pharmacy. Team members had regular formal reviews with the SI to monitor their progress. Team members were able to raise any issues that they had. This could be done with the RP on duty or with the SI. Team members confirmed that they were not set any targets in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and tidy and has more than enough space for team members to safely carry out their work. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The dispensary was clean and tidy. And it had plenty of floor and desktop space for team members to work in. The lighting and temperature of the pharmacy were appropriate, and the pharmacy had central heating and air conditioning which could be used to adjust the temperature as necessary. The temperature of the pharmacy was continually monitored. It had a sink for preparation of liquid medicines which was kept clean. The pharmacy had toilets available for team members in another part of the building, these were clean and had access to hand wash and hot and cold running water. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It gets its medicines from reputable suppliers and stores them properly. And the team takes the right action for safety alerts and recalls helping to ensure that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy could cater to people with accessibility issues, for example by printing large-print labels for people with sight issues. There were separate areas for dispensing and checking medicines in the pharmacy and baskets were used to separate prescriptions and reduce the chance of them getting mixed up. The team explained that all prescriptions were written by prescribers working for the same company under their CQC prescribing service. These prescriptions were then sent to the pharmacy to be clinically checked and dispensed. The team explained that if they had any queries with the prescriptions, they could speak directly with the prescriber using their online chat system or could call them directly. The pharmacy also had access to the NHS summary care record (SCR) to confirm people's medical history and other medicines they were taking. Consent to access this was provided by people when completing consultations. The SI provided a recent example of a clinical query he had regarding a medicine on a prescription which interacted with a medicine the person was already taking. The SI said he subsequently contacted the prescriber to discuss this and get it resolved. The pharmacy team had access to the same system used by the prescribers when prescribing so could access clinical notes made by prescribers during their consultations as well as confirm that appropriate ID checks had been carried out before dispensing and supplying medicines.

All medicines were sent in secure opaque packaging. Medicines requiring cold storage were sent in insulated packaging with ice packs. All medicines were delivered to people using a third-party delivery service. For medicines requiring ambient temperature storage, there was a range of delivery options available including 24 and 48 hour tracked delivery and next delivery guaranteed by 1pm service. For items requiring cold storage, only the 24 hour tracked or next day delivery guaranteed by 1pm service was used. The SI said that test deliveries had been done to ensure that medicines requiring cold storage had stayed at the appropriate temperature during the delivery process. All deliveries needed a signature before they could be handed over. If there was a failed delivery of any item, it was automatically returned to the pharmacy and quarantined. The team explained that very few deliveries were returned to the pharmacy but if this did occur, they would liaise with the person about re-dispensing and re-delivering the prescription.

As all people got their medicines delivered to them, there were less opportunities for people to ask questions or get information about their medicines. The SI explained that people could call or email the CST and speak to a pharmacist or a prescriber for any queries they had about their medicines.

The pharmacy obtained its medicines from licensed wholesalers. Medicines requiring refrigeration were stored appropriately in two fridges in the pharmacy. Records for fridge temperatures were checked continually using probes in the fridge and this information was able to be viewed electronically. Records showed that the fridges remained in range apart from a couple of instances where the temperature had deviated above the maximum range. The SI said that this was due to the fridge being opened to be restocked. Records showed that in each case, the temperature returned to within the normal range.

Expiry-date checks were carried out regularly and short-dated medicines were highlighted and recorded. A random check of medicines on the shelves found no expired medicines. Safety alerts and recalls of medicines and medical devices were received by email to the pharmacy. Alerts were printed off and actioned with the action taken and the alert details being recorded on the alert before being archived in a folder for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for its services. And it uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had access to the internet which allowed team members to access any online resources that they needed. The computers were all password protected. And each team member had a separate login. The CST had headsets which could be used when taking calls over the phone so that conversations could be had in private if necessary. There was also a soundproof booth available in the pharmacy which team members could also use to have private conversations if necessary. The appropriate calibrated glass measures available which were kept clean. Electrical equipment and fire extinguishers 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.