

# Registered pharmacy inspection report

**Pharmacy Name:** Epharma online pharmacy, Unit B2, Guy Motors  
Industrial Park, Park Lane, Wolverhampton, West Midlands, WV10  
9QF

**Pharmacy reference:** 9012200

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 27/02/2024

## Pharmacy context

This community pharmacy is located on an industrial park. It is not open to the public and instead it provides NHS services at a distance. The pharmacy dispenses prescriptions and it supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages risks. It has procedures to help ensure that team members complete tasks safely and it keeps the records it needs to by law. The pharmacy gets feedback on its services and its team members understand how to keep people's private information safe.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities within the pharmacy. The procedures had been produced by the superintendent pharmacist (SI) when the pharmacy began trading in 2023. Team members had signed training records to confirm their acknowledgement and understanding of the procedures. The pharmacy had professional indemnity insurance and a certificate displayed was valid until October 2024.

The pharmacist discussed any near misses that occurred with pharmacy team members. A log displayed in the dispensary showed that a few near misses that occurred in December 2023 had been recorded, but records of near misses were not always made. The pharmacist agreed to review this moving forward. There was a procedure to support the reporting and investigation of dispensing incidents, but not incidents had been reported to date.

People using the pharmacy's services could provide feedback by telephone and a 'contact us' section was also available on the website. There was a complaint procedure, and any issues were escalated to the SI pharmacist. People could also leave reviews online. The pharmacy provided medicines to two local care homes. The SI pharmacist met with care home managers every three months to obtain feedback on the service being provided.

A responsible pharmacist (RP) notice was displayed within the dispensary and the RP log was in order. The pharmacy had only supplied one private prescription since it opened and an appropriate record of this had been made. And records for unlicensed specials recorded an audit trail for supply. Controlled drugs (CD) registers kept a running balance and a recent balance check had been completed.

The pharmacy had an information governance procedure in place. The pharmacist had also discussed confidentiality with the pharmacy team members. All confidential information within the pharmacy was kept secure and there was no public access to the premises. Confidential waste was segregated and shredded on the premises. The pharmacist held her own NHS Smartcard and intended to apply for Smartcards for other pharmacy team members once they had completed their probationary period. The pharmacist had completed level three safeguarding training and the contact details of local safeguarding agencies were accessible.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to suitably manage the dispensing workload. Pharmacy team members work well together, and they feel comfortable raising concerns and providing feedback. But the pharmacy does not have a structured approach to training and development. This means it may not always be able to show how team members develop the skills relevant to their roles, or keep their knowledge up to date.

### Inspector's evidence

The pharmacy team comprised of the regular pharmacist, who was also the SI pharmacist and two part-time dispensers, one of whom was briefly present at the beginning of the inspection. The pharmacy also employed a delivery driver. The team were able to comfortably manage the dispensing workload. The pharmacist had the contact details of several locum pharmacists so that cover could be arranged in the event of any absence from the pharmacy. And she discussed plans to review the staffing level as the needs of the business changed.

The dispensers were both trainees who had been in post since the end of December 2023 and January 2024 respectively. The pharmacist confirmed that she was aware of the GPhC guidance on the education and training requirements of the pharmacy team and intended to enrol the dispensers on an appropriate training course when they had completed their three-month probationary period in the pharmacy. There was limited ongoing learning and development within the pharmacy, with the pharmacist providing verbal updates to the team, as necessary. Paperwork was available to support the appraisals with pharmacy team members, but these had not yet been completed.

There was an open dialogue amongst pharmacy team members and a whistleblowing policy was in place. There were no targets for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitably maintained, and it provides an appropriate space for the provision of healthcare services. Its website contains clear information about the pharmacy and its services.

### Inspector's evidence

The pharmacy was located inside a unit on an industrial park. It was in a suitable state of repair. There was a small tearoom area for use by staff and access to WC facilities which were equipped with appropriate handwashing materials. There was adequate lighting throughout and the ambient room temperature was suitably maintained. Maintenance issues were escalated to the building landlord for resolution.

There was a large dispensary which provided suitable space for the current volume of dispensing. An L-shape workbench was fitted. Prescriptions were labelled at one end of the work bench and dispensed on the other. Once dispensed, prescriptions were stored on shelving units until the work bench was clear, at which point the pharmacist would accuracy check prescriptions. There was a small consultation room, which was equipped with a desk and seating. The pharmacist intended to use the room to hold help ensure that video consultations with patients remained private, as the pharmacy had applied to provide the Pharmacy First service. Additional storage space was available at the rear of the unit.

The pharmacy had a website <https://epharmaonline.uk/> which displayed the details of superintendent pharmacist and pharmacy registration and a link to the GPhC register, as well as details of the pharmacy location and contact details.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible and generally well organised so that people receive appropriate care. The pharmacy gets its medicines from reputable suppliers and team members complete some checks to help make sure they are fit for supply. But records of these checks are not always clear, so the pharmacy may not always be able to demonstrate that medicines are suitably stored.

### Inspector's evidence

The pharmacy could be contacted via telephone, email and a 'contact us' form on its website. The website clearly displayed the services available from the pharmacy and promotional leaflets had also been distributed in a small number of locations locally. The pharmacy website also included a blog with some health living information.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Most of the dispensing workload in the pharmacy was from two local care homes and medications were supplied in compliance aid packs. The pharmacy had agreements in place with each care facility as to how medications were requested, and suitable audit trails were maintained to identify unreturned prescriptions and discrepancies. These issues were then followed-up by the pharmacist. Completed compliance aid packs seen contained patient identifying details to the front and descriptions of individual medications. Patient leaflets were not always supplied, and the pharmacist agreed to review this moving forward.

The pharmacist was aware of the new regulations regarding the supply of valproate-based medicines, but they did not currently have any patients being supplied with this medicine. Some prescriptions for high-risk medicines were identified but this did not extend to all prescriptions for high-risk medicines, so team members may miss opportunities to make additional checks to ensure these were supplied safely. The pharmacy had access to resources to support patient monitoring including lithium books.

Local deliveries were completed by an employed delivery driver. Signatures were obtained for the delivery of controlled drug prescriptions. Medications from failed deliveries were returned to the pharmacy. The pharmacy had an account with Royal Mail for any nationwide deliveries, but none had been completed to date.

The pharmacy sourced its stock from several reputable wholesalers and unlicensed specials from a specials manufacturer. Stock medications were stored in the original packaging provided by the manufacturer. Date checking was completed when medications were dispensed. A date checking matrix was displayed in the dispensary, but a full date check had not yet been completed. Liquids had the date of opening recorded on the bottle. One liquid medication which had expired since its date of opening was removed from the shelves and placed in a suitable medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email and an audit trail was kept recording the details of any action taken in response.

The pharmacy fridge had a maximum and minimum thermometer, and it was within the recommended temperature range. But the temperature log showed that the maximum and minimum temperature

ranges had been recorded as being outside of the recommended 2-8 degrees Celsius for several weeks. Action had not been taken in response to this, but the pharmacist agreed to rectify this. CDs were stored securely, and two random balance checks were found to be correct.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members suitably maintain the equipment and they use it in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to a paper edition of the British National Formulary (BNF). Internet access was also available for additional research. There was a range of approved glass measures and tablet counters were also available. The equipment seen appeared clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and the pharmacy had a cordless phone to allow conversations to take place in private.

### 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.