

Registered pharmacy inspection report

Pharmacy Name: Dose GB, Unit 217b, Mirror Works, 12 Marshgate Lane, London, E15 2NH

Pharmacy reference: 9012222

Type of pharmacy: Internet / distance selling

Date of inspection: 11/11/2024

Pharmacy context

This is a distance selling pharmacy (dosegb.com) located in an office block. The pharmacy does not provide any NHS services. It dispenses private prescriptions generated by external prescribers. The pharmacy premises is closed to the public and medicines are delivered to people via the Royal Mail. This is the pharmacy's first inspection since registering.

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	1.6	Standard not met	The pharmacy does not have adequate systems in place to make sure the records about the responsible pharmacist, unlicensed medicines, and private prescriptions are maintained appropriately.
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 not all 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 not all met

Summary findings

The pharmacy does not always keep the records it needs to by law. This means it cannot always show that supplies are made safely and legally. And it has processes in place to deal with mistakes that happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

The pharmacy was dispensing a small range of medicines, against private prescriptions generated by CQC-registered private clinics.

The pharmacy had a set of up-to-date standard operating procedures (SOPs). Individual training records had been signed by members of the team to confirm that they had read and understood the relevant SOPs. The pharmacy had made some amendments to its SOPs to reflect changes in its processes, for example, updating the drug recall log.

The superintendent pharmacist (SI) explained that the pharmacy had only started operating to its full capacity since early 2024. There was a procedure in place to deal with near misses (dispensing mistakes identified before a medicine was handed to a person) which included a link to a log that team members could print out so they could document near misses. This relied on team members to print the log and may mean that near misses would not be recorded in a timely manner. No records had yet been made but the SI said there had not been any near misses because service uptake had been relatively low. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors. This included a separate form to document dispensing errors. The SI said that the pharmacy had not had any dispensing errors since opening.

The pharmacy had not completed any formal risk assessments before starting its services. The SI said that he had asked the clinic for their prescribing guidelines and discussed their prescribing practices. The SI had checked that the clinics were CQC-registered.

The correct responsible pharmacist (RP) sign was displayed. The RP record was kept on an electronic document, and samples checked were in order, but the document could be edited without audit trails. This may mean that any amendments could not be tracked. The pharmacy had current indemnity insurance cover. The private prescription record was kept electronically but did not include a section for prescriber details. The SI said that he would raise this with the system providers. The pharmacy supplied some unlicensed, Schedule 4 CDs but did not always maintain clear audit trails of supplies made. The SI said that these would be maintained in the future.

People were able to provide feedback online or by telephone. They could also raise concerns directly with the clinics that the pharmacy worked with. A complaints procedure was in place, and this was outlined on the pharmacy's website.

Team members had read the pharmacy's information security policy, guide to confidentiality for

employees, and confidentiality and data protection policy. A guide to the General Data Protection Regulations from the Information Commissioner's Office was also available for reference. Confidential information was shredded at the pharmacy and computers were password protected. The premises were not accessible to members of the public.

A safeguarding policy was available. The contact details of local safeguarding team were available, and the SI said that team members could also find details of the relevant safeguarding team online. There had not been any safeguarding concerns at the pharmacy and the SI said that the prescribing clinic usually dealt with patient queries, rather than the pharmacy team.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not always ensure that members of the team are enrolled onto a suitable course in a timely manner. But it has enough team members to provide its services, and they are provided with some in-house training relevant to their role.

Inspector's evidence

During the inspection there was the SI. The pharmacy employed another two assistants who were not present during the inspection. One assistant had recently joined, however, the second had been working for over five months and had not been enrolled onto a suitable course. Both assistants were involved in dispensing tasks. Locum pharmacists were booked to cover shifts as and when needed.

Team members were provided with induction training and a checklist to sign to confirm that they had completed each module. The training covered premises security, staff absence, guide to confidentiality, the pharmacy's SOPs, complaints policy, safeguarding, cleaning procedures, temperature monitoring, fire safety and evacuation, manual handling, and patient safety incidents. The SI said that team members would be provided with refresher training when needed and had opportunities to train in other areas, for example, in the wholesale dealing side of the business.

Team members had access to pharmacy magazines and material from the National Pharmacy Association. The SI said that formal performance reviews would be conducted annually with the team. Team meetings were held as and when needed, and both assistants were asked to work together at least once every quarter to ensure that they were both provided with updates. Team members were also able to share information via a group chat. Dispensing and housekeeping targets were set for the team.

The SI was also a Pharmacist Independent Prescriber but had not issued any prescriptions at the pharmacy. Their area of expertise was in pain relief. The PIP had previously worked at a private hospital, shadowing a dermatologist and an endocrinologist.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's website gives people the relevant information about the pharmacy. The premises are clean, and they are secured from unauthorised access.

Inspector's evidence

The pharmacy comprised of a room in an office block. The block had a manned reception desk and access to the pharmacy was via access-controlled lifts. Visitors were asked to call the required unit using an intercom at the lifts and wait for a member of the team to escort them.

The pharmacy was fitted with workbenches and shelving. It was clean, tidy and bright. There was sufficient space for the services provided. A sink was not fitted in the room, but the SI explained that the pharmacy did not reconstitute medicines, and if necessary, a sink was available in the communal staff area. The cleaning was shared by the team and was done on a regular basis. The pharmacy was secured from unauthorised access.

The pharmacy's website allowed the selection of some prescription-only medicines (POMs), namely finasteride for hair loss and tadalafil and sildenafil for erectile dysfunction. The SI said that there had not been any uptake and they had had not issued any prescriptions for these medicines. Following the inspection, the website was updated, and the sale of POMs was discontinued. The website included information about the pharmacy, such as details of the SI, the address and contact number, and registration number.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. It sources medicines from authorised suppliers. And pharmacy team members store medicines appropriately and complete checks to make sure medicines are kept in good condition and safe for people to use.

Inspector's evidence

The SI said that pharmacy services were mainly promoted to clinics rather than to members of the public. Although the pharmacy's website was live, there had not been any sales of medicines via the website.

Medicines that had been supplied by the pharmacy included Schedule 3 CDs used off-license for weight loss, medicines for male fertility, such as tadalafil, sildenafil, and clomiphene, and weight loss medicines such as Wegovy and Mounjaro. Schedule 3 CDs were dispensed against FP10CD scripts. A patient information leaflet was supplied with medicines used off-license to explain this to people.

The SI had read-only access to some of the clinics' patient records and could check their medical history, consultation information, follow-up notes, and monitoring. They said that they checked certain parameters when dispensing medicines, for example, the latest blood pressure readings for people taking phentermine. The SI added that the clinic only issued two to four weeks supply of this medicine. He had checked the clinics' prescribing guidelines and said that the clinics had access to the person's Summary Care Records.

Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer of medicines between people. Medicines were dispensed and checked on separate benches to help reduce the risk of mistakes. Team members signed prescriptions to maintain audit trails of who was involved in dispensing and checking the prescription. Dispensed medicines requiring cold storage were stored inside clear plastic bags in the fridge. This allowed for an additional check before packing.

Medicines were packed inside tamper-evidence cardboard boxes and delivered by a courier or the Royal Mail. A tracked service was used, and medicines were returned to the pharmacy if the person was not in to accept the delivery. Ice packs were placed with medicines requiring cold storage.

The pharmacy used licensed wholesalers to obtain its pharmaceutical stock. Medicines were stored in an organised manner on the shelves. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically, and the pharmacy maintained clear audits of action taken in response to them.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had two pharmaceutical fridges, one was used for pharmacy stock and another for wholesale stock. They were clean and suitable for the storage of medicines. There was also a freezer to store ice packs. 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. The shredder was 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.