

Registered pharmacy inspection report

Pharmacy Name: Unicare Pharmacy Ltd, Floor 1, 69 Smithy Bridge Road, LITTLEBOROUGH, Lancashire, OL15 0DY

Pharmacy reference: 1100334

Type of pharmacy: Internet / distance selling

Date of inspection: 04/09/2024

Pharmacy context

This is an online, distance selling pharmacy. It is situated above a community pharmacy in the village of Smithy Bridge, Rochdale. The pharmacy dispenses NHS prescriptions and delivers medicines directly to people. It also supplies medicines in multi-compartment compliance packs to some people to help them 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
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 team follows written procedures, and this helps to provide pharmacy services safely and effectively. The pharmacy keeps the records it needs to by law. And members of the team can demonstrate how they keep people's information safe. They record things that go wrong and discuss them to help identify improvements. But they do not always review the records to identify underlying trends to help reduce the chances of similar mistakes happening again.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). But these were long overdue a review. The superintendent pharmacist (SI) admitted they had fallen behind in completing the review and would prioritise completion of this. All members of the pharmacy team had signed to say they had read and accepted the SOPs. Members of the pharmacy team discussed some of the risks associated with providing their services at a distance. For example, not seeing people in person. To help mitigate this, the pharmacy contacted each person when they registered to use the pharmacy. But they had not documented all of the risks they had identified within a risk assessment. So they were unable to demonstrate that they had taken steps to address all of the associated risks to ensure services are provided in the safest manner.

A standard template was used to record dispensing errors. It contained particulars such as the details of the mistake, and the steps taken to investigate and learn from it. Near miss incidents were recorded on a paper log. The pharmacist discussed mistakes with individual members of team to help identify potential learning points. But details of the action taken were not recorded, and the pharmacy did not review the records to look for underlying trends. So the team may not be able to show they are reflecting on the errors. The team had recently reorganised the dispensary to help create a more efficient workflow and kept commonly used medicines in one area to help reduce picking errors. They had also separated similar sounding medicines away from each other as part of the process. For example, amlodipine and amitriptyline were stored in different dispensary locations.

The roles and responsibilities for members of the pharmacy team were documented on a matrix. A pharmacy technician explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Details of how to raise a complaint or feedback were listed on the pharmacy website. Any complaints would be recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for the RP appeared to be in order. The pharmacy had not dispensed any private prescriptions, controlled drugs or unlicensed specials.

An information governance (IG) policy was available, and members of the pharmacy team had read the policy. When questioned, the pharmacy technician explained how confidential waste was separated and destroyed using a shredder. A safeguarding procedure was available, and the pharmacy team had completed a safeguarding training pack. The pharmacists had completed level 2 safeguarding training. Contact details for the local safeguarding team were available. The pharmacy technician said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they complete appropriate training for the jobs they do. They complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was also the SI, a pharmacy technician who was trained to complete accuracy checks, two dispensers and a delivery driver. All members of the team had completed the necessary training for their roles. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team had completed some additional training, for example they had previously completed a training pack about antibiotic stewardship. Training records were kept showing what training had been completed. But ongoing training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

The pharmacy technician handled the majority of the telephone calls, including incoming queries. They were able to describe how they would refer any clinical queries to the pharmacist if needed. They felt the pharmacist provided a good level of support and were able to ask for further help if they needed it. But there was no formal appraisal programme for members of the team. So development needs may go unaddressed. Members of the team routinely discussed their work, including when there were any mistakes or complaints so they could learn from them. They were aware of the whistleblowing policy and felt comfortable reporting any concerns to the SI. There were no targets set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And they enable healthcare services to be provided in a safe manner.

Inspector's evidence

The pharmacy was clean, tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The registered premises was located in a specific room above another pharmacy premises. The door was seen to be kept locked when it was unoccupied. People were not able to view any patient sensitive information from other areas within the premises. The temperature was controlled by the use of electric heaters, and lighting was sufficient. The team had access to a kettle and separate staff fridge. Onsite WC facilities were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy takes steps to make its services accessible. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are supplying higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy website provided information about the services offered and details about the pharmacy opening hours. Information about how people could contact the pharmacy were clearly displayed.

People signed up to the pharmacy's dispensing service using its website. The pharmacy team telephoned each person to welcome them and provide information about the pharmacy services and obtained their consent for dispensing and delivery services. The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up.

The pharmacist contacted people by telephone when they needed to provide counselling advice. This included those who were newly commenced on higher-risk medicines (such as warfarin, lithium, and methotrexate). But counselling advice was not provided for those who had routinely been taking higher-risk medicines. So members of the team may not be aware if the person was up to date with blood tests or clinical reviews. The team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was provided with the medicines. The pharmacist would speak to patients to check the supply was suitable, but the pharmacy was not supplying valproate containing medicines to patients within the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, they were referred to their GP and a suitability assessment was completed. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge sheets were sought, and previous records were retained for future reference. Compliance packs were labelled with medication descriptions and a dispensing and accuracy check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a medicine delivery service and delivery records were maintained. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt. A small amount of medicines were delivered using Royal Mail tracked services. The pharmacy used the Royal Mail records to ensure medicines had been delivered successfully.

Medicines were obtained from licensed wholesalers. The pharmacy had an account with a specials manufacturer if they had a requirement to obtain an unlicensed medicine. A date checking matrix was used to record when the expiry dates of medicines had been checked. But members of the team could

not locate it. So the pharmacy was unable to demonstrate that these checks had been completed. However, a spot check of medicines did not find any out-of-date stock. Expiry dates were checked at least once every three-months. Any short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A controlled drugs cabinet was available, but it was empty. Designated bins were available to suitably dispose of medicines. Drug alerts were received by email from the MHRA. But records of the action taken were not kept to help show how the pharmacy had responded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.