Registered pharmacy inspection report

Pharmacy Name: Medicines2Home.Com, Suite 3 Railway House, Station Street, Meltham, Huddersfield, West Yorkshire, HD9 5NX

Pharmacy reference: 1109850

Type of pharmacy: Internet / distance selling

Date of inspection: 20/09/2023

Pharmacy context

The pharmacy is in a business centre in Meltham. It has a distance selling NHS contract. Pharmacy team members dispense NHS prescriptions and deliver them to people's homes. They provide medicines to some people in multi-compartment compliance packs. And they provide medicines and advice to people referred to the pharmacy via the NHS Community Pharmacist Consultation Service (CPCS) and the NHS Contraception Service.

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 adequately identifies and manages risks. It has written procedures relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always capture key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks associated with its services. The superintendent pharmacist (SI) had reviewed the SOPs in 2022 and was due to review them again in 2024. Pharmacy team members had signed to confirm they had read and understood the procedures since the last review.

The pharmacy provided people with oral, long-term contraception via the NHS Contraception Service. It had up-to-date SOPs in place to help team members manage the service's risks, and up-to-date patient group direction (PGD) documents available, which formed the legal framework for the service. Pharmacy team members had discussed the risks of delivering the service to people. But they had not documented their risk assessment, to help with ongoing reflection and risk management. The responsible pharmacist (RP) explained they had started delivering the service in the last three months and had already seen good engagement with local GP practices. They had used their existing relationships with local GPs to be able to attend practice meetings to explain the service to practice staff. And this had led to the opportunity to spend time with staff and explain the pharmacy was able to offer and how to refer people. Local surgeries were now regularly referring people to access the service, and people were also referring themselves to the pharmacy as information about the service had spread by word of mouth.

Pharmacy team members highlighted and recorded near miss and dispensing errors. There were documented procedures to help team members do this effectively. They discussed any errors and why they might have happened, and they recorded some information about each error. Pharmacy team members did not always record enough information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed, and changes made. For example by separating different pack sizes of codeine to help prevent picking errors. The RP explained that they looked at the data collected about near miss errors each month to establish any patterns. But they did not record their findings. This was discussed and they gave their assurance that they would record more regular analyses to help inform the changes they made in response to errors. The pharmacy had a system in place to manage and record dispensing errors, which were errors identified after the person had received their medicines. The pharmacist explained they had not made any recent dispensing errors and there were no completed records available. This meant the inspector was unable to assess the quality of the pharmacy's response to dispensing errors at this inspection.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It advertised a complaint's procedure to people on its website. And the information provided about who to contact and how was accurate and up to date. The pharmacy had up-to-date professional indemnity

insurance in place. It maintained a responsible pharmacist record electronically, which was complete and up to date. Controlled drug (CD) registers were generally in order. The pharmacy kept running balances in all registers. These were audited against the physical stock quantity approximately monthly. But several registers consistently did not have completed page headers. This increased the risk of entries being made in the wrong register. The pharmacy kept accurate private prescription and emergency supply records. And the pharmacy also kept a register of CDs returned by people for destruction.

The pharmacy kept sensitive information and materials securely in the pharmacy. It collected confidential waste in dedicated bags. These bags were collected periodically by a waste disposal contractor and taken for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And some printed guidance materials and local contact information for team members to refer to. A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. And they explained how they would refer any concerns to the pharmacist. Pharmacy team members had completed safeguarding training in 2022 and 2023.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide, or they are completing appropriate training courses. And they keep their knowledge up to date. Team members effectively discuss and implement changes to improve their services and the way they work. And they feel comfortable raising concerns with the right people if necessary.

Inspector's evidence

During the inspection, the pharmacy team members present were the pharmacist manager, two qualified dispensers and a trainee dispenser. The pharmacy also employed three part-time delivery drivers. All team members had completed appropriate training for their roles or were enrolled on appropriate accredited training courses. And they also completed ad hoc ongoing learning. Some recent examples of training included online training modules about safeguarding and dealing with dispensing errors and incidents. Team members also regularly discussed learning topics informally with the pharmacist. And the pharmacist provided information or signposted them to relevant materials and resources to help answer their questions. The pharmacy did not have a formal appraisal process. But team members had an informal discussion with the pharmacist at least once a year to discuss their progress. They explained they would raise any learning needs with the pharmacist informally. And they were confident the pharmacist would support them to find the information they needed.

Team members explained how they would raise professional concerns with the pharmacy manager or their superintendent pharmacist (SI). They felt comfortable raising concerns. And felt their new SI was very approachable and open to discussions. Team members also felt comfortable making suggestions to help improve the pharmacy's ways of working. They were confident that their concerns and suggestions would be considered, and changes would be made where they were needed. Team members had made some changes to the pharmacy since its last inspection. They had changed the way they used the space in the pharmacy to help improve their workflow, especially for assembly of multi-compartment compliance packs and how they stored medicines on the shelves. And they had reviewed and reorganised some key documents to make them relevant to the pharmacy's current operation. The pharmacy did not have a formal whistleblowing policy. Pharmacy team members said they would raise any concerns anonymously with GPhC or the NHS.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. And it has a consultation room where people can speak to pharmacy team members privately. It provides a suitable space for the services it offers. And pharmacy team members properly secure the pharmacy to prevent unauthorised access during working hours.

Inspector's evidence

The pharmacy was in a shared business unit. It was properly secured, and pharmacy team members controlled access to the pharmacy to help prevent unauthorised access during working hours. The pharmacy had a separate room that team members used to deliver some services, such as the NHS Contraceptive Service. The room was tidy and team members could use the room to have confidential discussions with people. People accessed the room directly from the building's hallway, and team members kept the door locked when the room was not in use.

The pharmacy was tidy and well maintained. It had defined areas for dispensing and checking and there was a defined workflow in operation. The pharmacy's floors and passageways were free from clutter and obstruction. It had a clean, well-maintained sink used for medicines preparation. There was a toilet, a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. And this had recently been improved after the pharmacy had installed new lighting. The overall appearance of the premises was professional and suitable for the services being provided.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it stores and manages its medicines properly. The pharmacy's services are easy for people to access. And it has processes in place to help people understand and manage the risks of taking higher-risk medicines.

Inspector's evidence

People did not visit the pharmacy, except to access the NHS Contraception Service. They communicated with the pharmacy by telephone, email and by using the pharmacy's online prescription ordering system. The system enabled people to tell the pharmacy which medicines they needed. And the pharmacy ordered prescriptions on their behalf. The pharmacy had a website, medicines2home.com, where it provided its contact details. People could purchase a range of over-the-counter medicines via the website, but this service was provided and administrated by a third-party company. Pharmacy team members could provide large print labels for people with visual impairment. They said they would communicate in writing with people with a hearing impairment.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacy had stock of some information materials to give to people to help them manage the risks of taking valproate. The responsible pharmacist (RP) had recently completed an audit of people who the pharmacy provided valproate to. This had prompted the RP to contact these people to provide them with advice and to check if they had been provided with the right information to help them manage the risks of taking valproate. The RP discussed the range of advice he had provided, but he had not made an intervention record of these conversations for future reference.

The pharmacy supplied medicines for people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Team members included descriptions on the packs of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines regularly. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and the times of administration. They also recorded this on their electronic patient medication record (PMR).

The pharmacy delivered medicines to people, and it recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The driver attempted to redeliver people's medicines over three consecutive days before alerting the pharmacist, who then investigated and contacted the person's GP. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records

seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every month. They highlighted any short-dated items up to twelve months before their expiry. And they removed expiring items during their checks the month before they were due to expire. Pharmacy team members responded to manufacturers alerts and recalls. They kept records of the recalls they had received and any action they had taken to remove affected medicines.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. It had facilities to securely collect and destroy its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for medicines preparation.

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.