

Registered pharmacy inspection report

Pharmacy Name: HBS Pharmacy, Moor Park Avenue, Entrance Off St Thomas Road, Preston, PR1 6AS

Pharmacy reference: 1116946

Type of pharmacy: Internet / distance selling

Date of inspection: 31/08/2023

Pharmacy context

The pharmacy premises is not accessible to members of the public. It primarily dispenses NHS prescriptions for people who reside in care homes. And it supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. It also sells a range of pharmacy only medicines through its website 'www.medicinemarketplace.com'.

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 maintain the safety and effectiveness of the pharmacy's services. The pharmacy website has safeguards built in which helps to ensure that people only buy medicines that are safe for them to use. The pharmacy team reviews these safeguards to check whether they are effective, and makes improvements when shortcomings are identified. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had been issued in July 2022. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The superintendent (SI) had considered the risks of selling medicines online before commencing the service. To help control these risks, the pharmacy had implemented systems on its website. For example, it restricted the number of packs of a medicine that could be sold to one per month per household, restricting purchases of medicines with ingredients liable to misuse, and preventing further accounts being opened, which had links to the same email address, IP address, or billing address. But it had not completed a written risk assessment to show how it had identified the risks or whether all risks had been properly considered.

The pharmacy completed a monthly audit of some medicines that it had identified as being liable to abuse or misuse, such as codeine and promethazine containing products. This involved searching for patterns to identify potentially inappropriate sales. In the last audit, the pharmacy had identified a person who had managed to circumvent the safeguards they had put in place by purchasing two boxes of co-codamol tablets a few days apart. They were able to do this by placing one of the orders as a 'guest' on the website, which did not track the number of purchases. To prevent this happening again, the person had been blocked from placing orders and the website had been updated to switch off the ability for people to use a guest functionality to purchase medicines.

The pharmacy team kept records of dispensing errors and their learning outcomes. Near miss incidents were also recorded on a paper log. The pharmacist discussed any errors with the relevant members of the team, when they came to light and also conducted a monthly review of the records to identify learning. She gave examples of action she had taken to help prevent similar mistakes being repeated. For example, she had highlighted to the team about common errors being made involving incorrect quantities.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. Any complaints would be recorded and sent to the SI and followed up. A current certificate of professional indemnity insurance was seen.

Records for the RP and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. A random balance was checked and found to be correct. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and each member of the team had signed a confidentiality agreement. When questioned, a dispenser was able to explain how confidential information was segregated and removed by a waste carrier. Details about how information was handled and stored by the pharmacy was displayed on the website. Safeguarding procedures were available. Professional members of the team had completed level 2 safeguarding training. Contact details for the local safeguarding board were in a safeguarding folder. The pharmacy technician understood the signs of concern to look out for when visiting people in residential care settings.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a superintendent pharmacist (SI), a pharmacy technician who was trained to accuracy check (ACT), seven dispensers, two of whom were in training, and two medicine counter assistants (MCA). All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system and using relief team members from nearby pharmacy branches.

Members of the pharmacy team completed some additional training. For example, they had completed a training pack about the NHS discharge medicine service. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner, and records were not always kept. So learning needs may not always be fully addressed.

The SI said she felt able to exercise her professional judgement and this was respected by directors of the company. A trainee dispenser said they felt well supported and was able to ask for further help when they needed it. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional based targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And the pharmacy's website informs people about who is providing the services.

Inspector's evidence

Members of the public could not enter the pharmacy premises and all services were provided at a distance. The pharmacy was clean and tidy and appeared adequately maintained. The dispensary was large enough for the workload. There were multiple workbenches, and each was designated for a particular care home. Orders for the website were prepared in a separate area of the registered premises. A sink and hand-washing facilities were available within the dispensary. Lighting was sufficient. The staff had access to a canteen and WC facilities.

Medicines were sold through the pharmacy's website <https://www.medicinemarketplace.com>. The website did not sell any prescription only medicines. It contained information about who owned the pharmacy, the GPhC registration number, and superintendent details.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But when medicines are sold through the website, there is no record to show the pharmacist checks the appropriateness of the medicines. And the process to show when the pharmacist has clinically checked prescriptions is not robust. So there is a risk some details might be overlooked and the pharmacy cannot show who had completed the checks in the event of a query or concern.

Inspector's evidence

The pharmacy provided NHS services to care homes and service level agreements were in place with each. Information about the services on offer and details about the pharmacy were provided as part of the agreements. Otherwise, people were not able to access NHS services and would be referred to nearby community pharmacy services. But people could buy over-the-counter medicines via the pharmacy's website. The website included details of the hours of business and explained how people could contact the pharmacy by telephone, email, or an online contact form.

When people wanted to purchase medicines through the website, they were required to complete a questionnaire. The questions were tailored to the specific medicine, but generally followed the WWHAM questioning convention. If a person provided an unsuitable answer to a question, the website would alert the person and stop the order. But people could alter their answer and bypass this feature without the pharmacy knowing. When people placed an order, a copy of the questionnaire was sent to the SI to review. The SI would review each email, and if needed contact the person for further information or to give advice. For example, the pharmacist had contacted a patient who consecutively ordered laxatives to ensure the medicines were being used correctly. Orders which contained amorolfine, sildenafil and ulipristal required the pharmacist to approve the order on the system. Otherwise, the system automatically approved orders for other medicines and there was no record to show who had reviewed the email. So the pharmacy was not able to show whether all requests had been reviewed or approved before supplies were made. Some examples of rejected orders were provided. One example involved a male who had ordered emergency contraception. The medicine was not supplied, and the customer service team had contacted the person who had placed the order to arrange a refund. Medicines were generally dispatched using Royal Mail postage services.

Medicines were dispensed to care homes either in conventional packs or in disposable 28-day multicompartiment compliance aids (MDS). This was discussed and agreed with the care home when they first signed up to the pharmacy's services. The care home was responsible for identifying which medicines they needed each month. This was documented on a reordering sheet for the pharmacy to order repeat prescriptions from the GP surgery. The sheet also included any handover information such as dosage changes, discontinued medicines or items which were not required for that month. The pharmacy team matched the repeat prescriptions against the reordering sheet when they were received. Outstanding prescriptions were chased up by the pharmacy or the care home depending on their requirements.

The pharmacy kept a record sheet for each care home resident, with details of their regular medication. Each person's record had been clinically checked by the pharmacist. If there was a new medicine or a change in the dose, the prescription token was annotated and referred to the pharmacist for a new clinical check to take place. But the record sheet was not used as part of the dispensing process, it was not updated with medicine changes, and there was no record of when the last clinical check had been completed. If there had been no changes since the previous prescription, the ACT was allowed to accuracy check the dispensed medicines without a further clinical check.

A sealable plastic 'dispensing box' was used for each patient. This contained the paperwork related to the patient and the relevant stock medicines were added to the box ready for the medicines to be dispensed. The dispensing boxes were kept sealed to prevent medicines being mixed up. Disposable 28-day MDS trays were used and were sealed with a clear film that contained the dosage instructions and other required information. The side of each tray was initialled by the dispenser and checker to provide an audit trail. Medicines that were not suitable for inclusion in MDS trays were dispensed separately and bagged for individual patients.

Dispensed medicines were delivered in totes directly to the care home and a communication sheet was included. This contained details of any medicines that had changed compared to the reorder sheets. A delivery sheet was used and recorded information such as the number of boxes delivered, fridge items and CD items. There was a separate audit trail for CDs delivered with separate signatures obtained for individual medicines. The care home was responsible for booking in the medication and ensuring the medication was present and correct. The care home would contact the pharmacy if there were any discrepancies. Patient information leaflets (PILs) were routinely provided.

The legal check of a prescription was performed during the accuracy check. The expiry date of CD prescriptions was considered to ensure they would be supplied while the prescription was still valid. The SI provided counselling to people who were taking high-risk medicines (such as warfarin, lithium, and methotrexate) if the opportunity arose during care home visits. But there was no process to ensure these patients were appropriately monitored or that all had received counselling. Team members were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist has spoken to people who met the risk criteria to make sure they were properly informed, and a record was kept.

Medicines were obtained from licensed wholesalers, and unlicensed medicines were sourced from a specials manufacturer. Stock was date checked each month. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The temperatures were being recorded daily and records showed they had been in the correct range for the last 3 months. Patient returned medication was segregated from current stock in DOOP bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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 maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of conical measures stamped with crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

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.