

Registered pharmacy inspection report

Pharmacy Name: lpharmacy Direct, 2 Raynham Street, ASHTON-UNDER-LYNE, Lancashire, OL6 9NU

Pharmacy reference: 1117249

Type of pharmacy: Closed

Date of inspection: 01/03/2022

Pharmacy context

This pharmacy is situated in a closed unit in a residential area. Members of the public do not usually visit the pharmacy in person. Instead, the pharmacy delivers medicines to people in the local area. The pharmacy mainly dispenses NHS prescriptions. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy has a website (www.lpharmacy.co.uk) which provides information about the pharmacy. The inspection was undertaken during the Covid 19 pandemic.

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 manages risks to make sure its services are safe, and it keeps the records required by law. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. They keep people's private information safe, and they understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided. These were in an electronic format and they contained the details of the members of the pharmacy team who had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. The pharmacist superintendent (SI) was working as the responsible pharmacist (RP). His name was on the RP notice, but the notice had been covered with boxes and could not be seen. This was rectified when pointed out.

There was an electronic error recording system which could be used to record and review both dispensing errors and near miss incidents. A couple of recent near misses had been recorded on this system, and actions taken to prevent a re-occurrence had been noted. Look-alike and sound-alike drugs (LASAs) such as amlodipine 10mg and amitriptyline 10mg had been separated, so extra care would be taken when selecting these.

The complaints procedure and details of the local Patient Advice and Liaison Service (PALS) were available on the pharmacy's website under 'feedback'. People could take part in a customer satisfaction survey via the website. People using the pharmacy were sent texts with a link to the survey. The certificate of professional indemnity insurance on display had expired. The SI confirmed that it had been renewed and he subsequently provided a current insurance certificate. Private prescription records and the RP record were appropriately maintained. Controlled drug (CD) registers were kept in electronic form and CD running balances were audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

One of the trainee dispensers correctly described the difference between confidential and general waste and explained that confidential waste was placed in designated bags which were collected by a specialist waste disposal company. The SI had completed Centre for Pharmacy Postgraduate Education (CPPE) level 1 and 2 training on safeguarding. A trainee dispenser said they said would voice any concerns regarding children or vulnerable adults to the SI. There was a notice on display which had the safeguarding contact details for Greater Manchester.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Pharmacy team members are appropriately trained for their role. They are comfortable providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

There was a pharmacist (SI), an NVQ 2 (or equivalent) qualified dispenser, two trainee dispensers and a delivery driver on duty at the time of the inspection. The staff level was adequate for the volume of work seen during the inspection. Planned absences were organised so that not more than one person was away at a time. The team prepared in advance for planned absences by getting ahead with their workload.

The pharmacy team had performance reviews where training and development were discussed. The team had informal meetings where they were kept up-to-date with what was happening in the pharmacy. One of the trainee dispensers said they would feel comfortable talking to the SI about any concerns they might have and there was a whistleblowing policy. There was a training file which contained records for each member of the pharmacy team. Both trainee dispensers were enrolled onto accredited training courses, and one of them had nearly completed their course. Staff generally carried out training in their own time.

The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations such as refusing to sell codeine containing medicines following requests by telephone. Staff were not under pressure to achieve targets for services such as new medicine services (NMS), as these were not completed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally safe, and the pharmacy provides an adequate environment for the provision of healthcare services. The pharmacy is reasonably clean and well maintained.

Inspector's evidence

The pharmacy premises were reasonably clean and in an adequate state of repair. The pharmacy consisted of two dispensaries linked by a shared entrance hall which also led to an upstairs flat. The doors into the two dispensaries contained digital locks. The flat was not occupied and was being used as additional storage space for the pharmacy. The temperature and lighting were adequately controlled. Maintenance problems were either dealt with by the SI or reported to the landlord. Staff facilities included a small kitchen area and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The pharmacy website provided the pharmacy's physical address, email address and telephone number. It did not contain the pharmacy's GPhC registration number or the name and registration number of the SI, so people might not be able to easily find this information. Subsequent to the inspection the SI confirmed that this information had been added to the website.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a small range of healthcare services which are generally well managed. It gets its medicines from licensed suppliers and it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was not open to the public. Patients could communicate with the pharmacy team via the telephone or by e-mail. The pharmacy's website provided information about the services it provided. There was some signposting information on display in the dispensary which could be used to inform people of services and support available elsewhere. Some members of the pharmacy team were multilingual speaking Urdu and Punjabi, which assisted some of the non-English speaking members of the community.

Over-the-counter (OTC) medicines were not available for purchase via the website. Customers wishing to purchase medicines discussed their request with the pharmacist over the telephone. The SI explained that they sold a small amount of paracetamol, ibuprofen, and cough mixtures, but no medicines which could be abused, such as codeine containing products.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The team were aware of the valproate pregnancy prevention programme. Regular patients in the at-risk group had been identified and the SI checked that that they were aware of the importance of pregnancy prevention. The valproate care cards were available on medication packaging to ensure people in the at-risk group were given the appropriate information and counselling, and the team were aware that additional cards could be printed off if necessary.

The pharmacy supplied around 60 to 70 people from a care home. Their medication was supplied in single-dose compliance aid packs. It supplied around the same number of people living in their own homes with medicines in multi-dose compliance aid packs. Changes to medication supplied in these packs was confirmed with the prescriber and this was recorded as a note on the patient medication record (PMR) system. Medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were included, so people had easy access to all of the information they needed to take their medicines safely. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Disposable equipment was used.

Recognised licensed wholesalers were used to obtain medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out regularly and documented on a matrix. Pharmaceutical waste bins were available for the storage of obsolete medicines. The pharmacy was reasonably spacious, and the dispensary shelves were generally tidy. The working areas were full, but baskets were available for dispensing to help separate prescriptions and improve the

organisation. CDs were stored in a CD cabinet which was securely bolted to the wall. Date expired, and patient returned CDs were stored securely and were clearly labelled and segregated. Denaturing kits were available to destroy patient returned CDs. Alerts and recalls were received electronically and there was a facility to record the action taken. So the team was able to respond to queries and provide assurance that appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is clean and suitably maintained.

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date information. The SI used his mobile phone to access the electronic British National Formulary (BNF) as the most recent BNFs were not available in the pharmacy in printed form. There were two clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the previous month. There was a small selection of clean glass liquid measures with British standard and crown marks. The pharmacy also had equipment for counting loose tablets and capsules. There was a separate tablet triangle that was used for cytotoxic drugs. Medicine containers were stored with their caps on to reduce the risk of contamination. Electrical equipment appeared to be in working order. PMRs were password protected.

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.