General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Practice Pharmacy Direct, 2nd Floor Porter House, 6 Porter Street, LIVERPOOL, L3 7BL

Pharmacy reference: 1118468

Type of pharmacy: Internet / distance selling

Date of inspection: 16/09/2024

Pharmacy context

This pharmacy offers services to people through its website, practicepharmacydirect.co.uk. The pharmacy dispenses NHS and private prescriptions, many of which are supplied in multi-compartment compliance packs to help people 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 manages the risks associated with its services and protects peoples' information. Members of the team are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all of their mistakes, so they may miss some opportunities to improve. The pharmacy largely keeps the records required by law.

Inspector's evidence

There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that the pharmacy team had read and accepted the SOPs that were relevant to their role. Roles and responsibilities of staff were set out in the SOPs. The correct responsible pharmacist (RP) notice was displayed. The pharmacist reported dispensing errors to the superintendent, after investigating how and why they occurred, for learning purposes. Near miss incidents were recorded on individual logs by the pharmacist and accuracy checking pharmacy technician (ACPT). The ACPT explained that the near miss incidents she recorded were reviewed for trends and patterns periodically by the superintendent. Once the review had taken place, the findings were shared with the pharmacy team to help improve reflection and learning. The pharmacist admitted that she was not routinely recording near miss incidents, but she was making team members aware when she identified a near miss incident during the accuracy checking process. This meant there was a missed opportunity for learning.

The ACPT explained that all of the prescriptions she accuracy checked had been clinical checked by a pharmacist, and she only accuracy checked medicines which were supplied in multi-compartment compliance packs, as they had received a clinical check when people were commenced on the packs or when a change to medication occurred. She said if she found a prescription had not received a clinical check, it was immediately passed back to a pharmacist.

The pharmacy website included a section on complaints, comments, and feedback. And a record of previous complaints, including how the pharmacy had dealt with them, was available. When questioned, a dispenser said she tried to resolve complaints in accordance with the complaints SOP and referred to the pharmacist if needed. The pharmacy had professional indemnity insurance in place. The controlled drug (CD) register, responsible pharmacist (RP) record and private prescription record were in order. Running balances in the CD register were kept, but with the exception of methadone, were not audited regularly. This meant there was a risk of diversion of a controlled drug going unnoticed for some time, and it would make it more difficult to deal with controlled drug discrepancies. A balance check of a random CD was carried out and found to be correct. The unlicensed specials record had the prescriber details missing from some entries. This made it more challenging to identify who initiated the supply of these medicines. The pharmacist said the missing information would be added.

There was an information governance (IG) policy available, which contained some information about how the pharmacy team should not share information with others. Members of the pharmacy team had signed confidentiality agreements. A privacy notice was available on the website. When questioned, a dispenser was able to correctly describe how confidential waste was separated and removed by a waste carrier. The pharmacists had completed level 3 safeguarding training. A dispenser

said she would initially report any concerns to the pharmacist. A safeguarding policy was in place and there were local contact details for seeking advice or raising a concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

Inspector's evidence

The pharmacy team included the superintendent pharmacist, a second pharmacist, an accuracy checking pharmacy technician (ACPT), seven dispensers and two delivery drivers. The pharmacy team were appropriately trained. The workload appeared to be managed. Staffing levels were maintained by full and part-time staff and a staggered holiday system.

A dispenser said she was in the process of completing an NVQ level 3 to become a pharmacy technician. She said she felt supported by the ACPT and pharmacist whilst completing the training. She explained they were expected to read SOPs when they were updated to help ensure they were familiar with any changes to a process. When questioned, she explained how she would speak to the pharmacist and contact the prescriber if she had a concern about a prescription, such as a change in dose.

A dispenser said she felt a good level of support from the pharmacist and was able to ask for help if she needed it. An appraisal programme was in place, with all staff receiving a review with the superintendent (SI) each year. A dispenser said she also received informal feedback about her work from the pharmacist. The pharmacy team had regular team meetings and informal discussions to go through any ideas or concerns they had. Staff were aware of the steps they should take to report any concerns.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. The premises provides a suitable environment for people to receive healthcare.

Inspector's evidence

The pharmacy premises were not open to the public. People accessed its services via the pharmacy website, practicepharmacydirect.co.uk. This contained details about services, location, and contact details. Details of the superintendent were also displayed.

The pharmacy premises were clean and tidy, and appeared adequately maintained. The size of the dispensary was generally sufficient for the workload, and a sink was available. The temperature was controlled using electric heaters and a mobile air conditioning unit. Lighting was sufficient. The pharmacy team had access to a kitchenette area, including a separate staff fridge, kettle, and WC facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And they are managed appropriately, so people receive their medicines safely. But members of the pharmacy team do not always know when higher-risk medicines are being supplied. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out checks to help make sure that they are kept in good condition and suitable to supply. But expiry date checks are not always recorded. So, there may be an increased risk that out-of-date medicines could be overlooked.

Inspector's evidence

The pharmacy services were accessed via the telephone, website, and e-mail. The pharmacy team were clear about what services were offered and where to signpost if they couldn't provide a requested service. The pharmacy provided its service to people in Merseyside only, as all prescriptions dispensed were delivered by the employed delivery drivers.

A dispenser said prescriptions for higher-risk medicines (such as warfarin, lithium, and methotrexate) were not routinely highlighted during the dispensing process. This meant there was a missed opportunity for the pharmacy team to provide counselling advice to help make sure the medicines remained suitable to use. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and the updated guidance around original pack dispensing, men prescribed valproate and the risks with topirimate containing medicines. An audit of patients prescribed valproate had not identified people who met the risk criteria. Patient information resources for valproate were available.

The workflow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a designated checking area for the pharmacist. 'Dispensed-by' and 'checked-by' boxes were initialled on the dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up. Schedule 2 CDs awaiting collection had a red dot attached to the prescription. The dispenser explained that this was to act as a prompt to add the CD before supply. Schedule 3 and 4 CDs had two red dots attached to the prescription, as a reminder to check that the prescription was still valid when the medicines were supplied.

A delivery service was provided. Deliveries were separated after a final accuracy check, with a 'signed for' delivery manifest used by the delivery drivers, to provide an audit trail. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance pack service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets were routinely provided to people with each supply of medication. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance packs currently awaiting delivery had individual medicine descriptions and patient information leaflets included.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily, and CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There were three clean fridges for medicines, equipped with thermometers, and the

temperatures were checked and recorded daily for two of the fridges. The third fridge which was used to store assembled fridge medicines awaiting delivery had no fridge temperature record. The superintendent was not sure why it didn't have a record. The temperature of the third fridge was seen to be in normal range. The superintendent put in place a fridge temperature record when this was pointed out, and said he would have a team meeting to ensure regular monitoring and recording was completed.

A dispenser explained that different sections of stock medication in the dispensary were date checked regularly, but no record had been kept since 2022. This meant there was no audit trail of the recent activity, and the process in place may not be as robust as it should be. The superintendent provided assurance that a date checking record would be put in place immediately. Short-dated medicines were highlighted with 'S/D' written on the medicine container. No stock medicines were found to be out of date, from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.

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. And they maintain the equipment so it's safe to use.

Inspector's evidence

The team 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 and was PAT tested for safety in the last 12 months.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean by the pharmacy team. Computers were password protected. A cordless phone was available which allowed the staff 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.