

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Delivered4U, Rear Unit B, 145-147
Wellgate Road, ROTHERHAM, South Yorkshire, S60 2NN

Pharmacy reference: 1121786

Type of pharmacy: Internet / distance selling

Date of inspection: 17/04/2019

Pharmacy context

This is a pharmacy which offers its services to people at a distance though its website. It also provides healthcare advice to people over the telephone. The pharmacy dispenses NHS prescriptions. There is no public access to the pharmacy premises. People receive their medicine by delivery.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy has not risk assessed how some parts of the pharmacy service provided by a third-party supplier are managed. Nor does it monitor information provided on its website. This means that there is little assurance that the pharmacy is protecting the safety and wellbeing of people who may access its services through the website.
		1.6	Standard not met	The pharmacy does not maintain accurate responsible pharmacist records.
		1.7	Standard not met	The pharmacy does not dispose of confidential information in a way which protects the privacy and dignity of people using its services.
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 not all met

Summary findings

The pharmacy has procedures in place to manage dispensing services. But it has not risk assessed how some parts of the pharmacy service provided by a third-party supplier are managed. Nor does it monitor information provided on its website. This means that there is little assurance that the pharmacy is protecting the safety and wellbeing of people who may access its services through its website. The pharmacy does not dispose of confidential information in a way which protects the privacy and dignity of people using its services. Although the pharmacy maintains most records required by law. It does not maintain records related to the responsible pharmacist accurately. This may lead to staff carrying out tasks without appropriate supervision from a pharmacist established. Pharmacy team members discuss mistakes that happen during dispensing and act to reduce risks during the dispensing process. They take steps to improve their practice following feedback they receive. And they have the skills to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist (SI) had reviewed these in 2018. And the next review was recorded as due in 2020. Pharmacy team members had re-signed SOPs following the 2018 review to confirm that they had read and understood them.

The inspection began shortly after the pharmacy opened. There was no responsible pharmacist (RP) present at the beginning of the inspection. The dispenser explained that the pharmacist had opened the pharmacy and thought that he had assumed the role of RP before leaving to attend a meeting. The register showed that no pharmacist had signed-in to the register for that day. The dispenser was aware that no registrable activity could begin before the RP signed-in. The SI was contacted and arrived around 30 minutes into the inspection. He confirmed that he had forgotten to sign in. A check of the responsible pharmacist records showed no absences were recorded in the RP record despite pharmacists occasionally leaving the pharmacy to attend surgeries or meetings. The pharmacy was displaying two RP notices at the beginning of the inspection- and so not in line with legal requirements. One belonged to a pharmacist not on duty. The other belonged to the pharmacist who assumed the role of RP.

The pharmacy offered medicines for sale through its website. A third-party registered pharmacy fulfilled these orders. The pharmacy's website displayed the mandatory European common logo for selling medicines on each page. Clicking on the logo provided details of the third-party pharmacy fulfilling the orders. The SI explained that the website should sell over-the-counter medicines only. But a section labelled 'Vet Prescriptions' allowed people to add prescription only medicines to their basket, including some schedule three controlled drugs. The SI stated that he was not aware that these medicines were for sale. The pharmacy had no regular monitoring processes in place for the website. The team were not aware of the new guidance published by the GPhC relating to registered pharmacies providing services at a distance, including over the internet. The guidance introduced new safeguards relating to pharmacies selling prescription only medicines over the internet.

The SI contacted the inspector shortly after the inspection to confirm that the pharmacy had removed the sale of medicines from its website. A check of the website confirmed this. The European mandatory

common logo for selling medicines online had also been removed. But a scrolling link advertised that 15,000 products were sold via the website. The link had been disabled.

There was a near-miss reporting procedure in place. Near-miss records confirmed that regular reporting took place. The dispenser explained how he felt his accuracy had improved through feedback given to him following near-misses. There were some informal processes in place for reviewing and discussing trends related to near-misses amongst the team. Formalised near-miss reviews did not take place. This meant that the pharmacy might not be able to measure the effect of shared learning following any risk reduction actions taken.

The pharmacy had a system in place for reporting dispensing incidents. It retained copies of completed incident reports. And pharmacy team members acted to reduce risk following an incident. For example, chloramphenicol eye drops and latanoprost eye drops had been separated in the pharmacy fridge following an incident.

The pharmacy had a complaints procedure. But details of this were not advertised on the pharmacy's website or in an available practice leaflet. The complaints section of the pharmacy's website provided details for the local Patient Advice and Liaison Service. The pharmacy's contact information was clearly advertised through a 'Contact Us' option on the website. Pharmacy team members explained how they responded to concerns. The SI explained how feedback had been taken onboard following a recent concern related to professional behaviour.

The pharmacy had up to date insurance arrangements in place.

A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place regularly. A physical balance check of Zomorph 30mg capsules and MST Continus 10mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained to date. The team entered returns in the register on the date of receipt.

The Prescription Only Medicine (POM) register was held electronically. The pharmacy dispensed very few private prescriptions. Records complied with legal requirements. The pharmacy completed full audit trails from source to supply of unlicensed medicines dispensed.

Records containing personal identifiable information were stored in the pharmacy. And there was no public access to the premises. The pharmacy had a shredder in place. But a fair amount of confidential waste was found in general waste bins. This included medicine labels and repeat prescription slips. All confidential waste was removed from the bins during the inspection process for shredding.

The team had access to procedures and contact details for local safeguarding teams. The dispenser was confident when explaining how he would refer concerns to one of the pharmacists in the first instance. The SI was aware of how he could report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled people in place to provide its services. It has systems in place to encourage staff feedback. Pharmacy team members feel supported through accredited training. They engage in safety reviews to share learning. But the outcome of these reviews is not recorded. This may make it difficult for the team to measure the impact of reviews.

Inspector's evidence

Two pharmacists covered the opening hours of the pharmacy (the SI and a company director). The pharmacy employed a level 2, a level 3 dispenser and a delivery driver. A work-experience student was also present at the beginning of the inspection. But left shortly after the inspection process began. The SI explained that the student was enrolled at college and had been coming to the pharmacy over the last month. The SI confirmed that the student did not undertake any dispensing related tasks. Staffing levels had reduced since the last inspection due to a reduction in workload.

The pharmacy had supported both dispensers through their accredited training. There were no formal arrangements in place for ongoing learning. But the dispenser confirmed that information was regularly shared to help inform good practice. Recent learning had included new arrangements for managing gabapentin and pregabalin following the rescheduling of both drugs to schedule 3 CDs from 1 April 2019.

The pharmacy did not set any targets for its services. The dispenser explained that there was a focus on getting work completed in good time.

Both pharmacists regularly shared feedback about patient safety issues and services with the dispensers. Feedback related to near-misses was discussed during briefings with the team. And pharmacy team members discussed how these conversations helped inform the way that they worked. For example, dispensers were encouraged to perform thorough self-checks of their work prior to handing over to a pharmacist for the accuracy check.

The dispenser confirmed that he was able to feedback any concerns to either pharmacist. And was aware of how he would escalate safety concerns about the pharmacy externally if required. There was a staff suggestion sheet on the wall of the dispensary. This was used during the inspection. But prior to this it had not been used for several years.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure and generally presents a professional environment for the services it provides.

Inspector's evidence

The pharmacy was on the first-floor level of the commercial building and was secure. It consisted of two dispensing rooms and a store room. Staff amenities were available within the building. The pharmacy reported maintenance issues to the landlord of the building. There was some damp noted on the main dispensary ceiling. This required monitoring.

Pharmacy team members completed labelling, assembly and accuracy checking tasks in designated areas of the dispensary. A separate room was used to manage the multi-compartmental compliance pack service.

The pharmacy was relatively clean. Work benches were somewhat cluttered. Floor spaces were free from slip or trip hazards. It had heating arrangements in place. Lighting throughout the premises was adequate. Antibacterial soap and towels were available for hand washing.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. The pharmacy supplies some people's medicines in devices to help them take their medicines at the right times. It generally has safe processes in place for doing this. And these people receive the information they require to help them to take their medicine safely. But the pharmacy does not always support people on high-risk medicines by providing information to help them take their medicine safely. The pharmacy obtains medicines from reputable sources. The pharmacy provides a delivery service. But people are not required to sign to confirm that they have received their delivery. This may make it difficult for the pharmacy to manage queries relating to the service.

Inspector's evidence

The pharmacy's website provided clear details its opening times and services. The pharmacy did not display a working GPhC internet pharmacy logo. The registration details and superintendent's details were present. But they were set out in a way which could potentially confuse people. For example, in the space designed to display the GPhC premises number of the pharmacy was the SI's registration number.

The pharmacy did not have procedures in place to identify and monitor people on high-risk medicines such as warfarin. The SI explained that the pharmacy dispensed warfarin to several people who had been on the medicine long-term. He explained that after discussing novel anticoagulants with one person, this had led to a GP review and the person commencing on a novel anticoagulant. The SI was aware that valproate should not be supplied to women of child bearing age unless they had contraceptive cover in place. But had not heard of the Valproate Pregnancy Prevention Programme (VPPP). No valproate warning cards or safety information about VPPP was in place. The SI explained that no people who may become pregnant had prescriptions for valproate regularly dispensed at the pharmacy.

Every person receiving a multi-compartmental compliance pack had a simple profile sheet in place. The pharmacy checked prescriptions against these sheets. The pharmacy discussed queries about prescriptions with surgery teams. But it did not always record details of changes on profile sheets. Packs were clearly labelled and contained descriptions of the medicines inside. Dispensing audit trails were in place for the service. Some patient information leaflets (PILs) were present with assembled packs. The dispenser confirmed that these were supplied at the beginning of each four-week or eight-week cycle of packs.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They used baskets throughout the dispensing process. This kept medicines with the correct prescription form. The pharmacy kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. It also maintained a simple audit trail for the delivery service. But people did not sign to confirm receipt of their medicine through the service. Some historic CD delivery records were seen which did contain signatures upon delivery to care homes. The pharmacy no longer provided services to the homes.

The pharmacy used a range of licensed wholesalers and a licensed specials manufacturer to obtain medicines; invoices were available onsite. But it had not taken any steps to comply with the requirements of the Falsified Medicines Directive (FMD) despite this coming into law in February 2019. The SI explained that the clinical software programme was due to be upgraded shortly. And that this would inform the steps the pharmacy would take to comply with FMD requirements.

The pharmacy stored medicines in their original packaging in an orderly manner in the dispensary on designated shelving. The pharmacy fridge was clean and a good size for the stock and assembled cold chain medicines held. The team kept an electronic record of fridge temperature monitoring. This was completed Monday-Friday. On the morning of inspection, the thermometer was not working. The SI brought some new batteries back with him and explained that the battery had run out that morning. A check of the thermometer, once working, confirmed that the fridge was operating within two to eight degrees. Controlled drugs storage arrangements were secure.

The team maintained date checking records and checks were regularly carried out. A random check of stock across the dispensary found no out of date medicines. Medicines with short expiry dates were highlighted and recorded for monitoring. Medicines waste bins and CD denaturing kits were available.

The dispensing team manually checked the Medicines and Healthcare Products Regulatory Agency (MHRA) website for drug alerts several times a week. Details of the subscription scheme provided by the MHRA were shared with the pharmacy team which would reduce the manual time taken to search for alerts. And ensure the team received alerts as soon as they were issued.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment in place for providing its services. The pharmacy team completes some monitoring checks to ensure that the equipment remains in working order.

Inspector's evidence

The pharmacy had up to date written references sources available. Pharmacy team members had access to the internet. They used passwords and NHS smart cards to access the computer system. The pharmacy had a clean crown marked measuring cylinder in place and equipment for counting tablets was available. Trays, inserts and gloves used for dispensing multi-compartmental compliance packs were single use.

Electrical equipment was not subject to portable appliance testing. But wires and plugs were visibly free from wear and tear. Cables underneath the pharmacy computer were extremely tangled. The SI explained that they had been left in this state by the engineer who had installed the computer equipment.

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.