General Pharmaceutical Council

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: 09/12/2019

Pharmacy context

This is a pharmacy which delivers its services at a distance. People can access the pharmacy's services through its website pharmacydelivered4u.co.uk or by telephone. The pharmacy dispenses NHS prescriptions. It also dispenses private prescriptions sent to the pharmacy by post. People receive all medication supplied by the pharmacy through a delivery service to their homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 identifies and manages the risks associated with its services. It keeps people's private information secure. Its team members have the knowledge required to recognise and report a concern to safeguard the safety and wellbeing of vulnerable people. Pharmacy team members act openly and honestly by sharing information when mistakes happen. The pharmacy generally keeps the records it must by law. But it is keeping a responsible pharmacist record for each pharmacist employed rather than one complete record as required. So, this makes it difficult for the pharmacy to demonstrate one complete record should a need arise to do this. The pharmacy has appropriate arrangements in place for managing feedback. But its website does not provide clear instructions to people about how they can provide feedback directly to the pharmacy. This could result in feedback being missed or delayed in reaching the team.

Inspector's evidence

The pharmacy had been inspected in April 2019. And this inspection had found some unmet standards. These related to risk management, confidentiality and record keeping. Following the inspection in April 2019, the pharmacy had completed an improvement action plan. And had provided evidence of the steps it had taken to improve and meet the standards. In April 2019 the pharmacy had offered medicines for sale through its website. A third-party registered pharmacy fulfilled these orders. The superintendent pharmacist was not aware that Prescription Only Medicines were advertised through its website at the time of the April 2019 inspection. And the pharmacy had no regular monitoring processes in place for the website. The team had not been aware of the updated guidance published by the GPhC relating to registered pharmacies providing services at a distance, including over the internet. The current inspection found the pharmacy had removed all medicines advertised for sale through its website. And the pharmacists monitored the website by conducting regular checks of its contents. They recorded these checks. And some information relating to the GPhC's guidance had been shared with team members.

The pharmacy had not completed a formal risk assessment of its services. But it had procedures and information available to help evidence how it identified and managed its risks. And the superintendent pharmacist (SI) could provide details of how events prompted a review of practice against these procedures. For example, the need to ensure the pharmacy kept full audit trails to support the medication delivery service. A discussion took place about the benefits of introducing a formal risk assessment tool to help support the pharmacy in managing and reviewing its risks. And the SI demonstrated a risk assessment template which he had available to support him in introducing this.

The pharmacy had a set of standard operating procedures (SOPs) in place. These covered dispensary processes responsible pharmacist (RP) requirements and controlled drug (CD) management. The 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. They were observed working in accordance with procedures. And were knowledgeable about their roles. A roles and responsibilities document reminded team members what tasks could not be completed if the responsible pharmacist took absence from the pharmacy.

There was a near-miss reporting procedure in place. Near-miss records confirmed that regular reporting took place. And the quality of information recorded within individual entries on the record was good. The information showed clearly how pharmacy team members had reflected on the causes of the mistake. And what they could do to reduce the risk of a similar mistake occurring. 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 reported incidents through the 'National Reporting and Learning System' (NRLS). And it retained copies of completed incident reports. The pharmacy team had refreshed its learning of its delivery processes. And learning had been shared amongst the team following a delivery error.

The pharmacy had a complaints procedure. Its contact information was clearly advertised through a 'Contact Us' option on the website. But the complaints section did not inform people to contact the pharmacy in the first instance. It instead provided details of the local NHS advocacy service. This meant that people could get confused if they wanted to raise a concern about the pharmacy. The RP explained that the majority of the pharmacy's service were managed through telephone calls. And could provide examples of how people had fed back to the pharmacy in this way. For example, a concern raised about some missing medication was reported to the pharmacy. The pharmacy had commenced their own internal investigation of the concern. But shortly after receiving the call, it had received a second call explaining the medication had been found. The concern had been formally documented.

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 MST Continus 10mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was kept. But some entries in the register were not in chronological order. The SI explained the pharmacy had been using different pages of the register to record returns from each of its care homes (the pharmacy no longer provided services to care homes). A discussion took place about keeping a rolling chronological register. The Prescription Only Medicine (POM) register was held electronically. The pharmacy dispensed very few private prescriptions. It had dispensed no private prescriptions since the date of the last inspection. Records complied with legal requirements. The pharmacy completed full audit trails from source to supply of unlicensed medicines dispensed.

The RP notice displayed was that of the RP on duty. The SI had introduced a manual RP record since the last inspection to help ensure records of absences were recorded accurately. He explained he often forgot to record the time he returned to the pharmacy in the electronic record. And found the manual record had helped. Although his entries in this record were compliant, the other pharmacist had continued using the electronic record. This had resulted in two RP records being completed, one for each pharmacist. A discussion took place about the requirement to hold one complete record. And the SI confirmed this would start immediately.

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. And the pharmacy team had established holding boxes for confidential waste since the last inspection. And they shredded the contents of these boxes regularly. Pharmacy team members had completed some learning associated with information governance requirements.

The team had access to procedures and contact details for local safeguarding teams. The dispenser was

confident when explaining how he would recognise and refer a safeguarding concern to the pharmacist. The SI provided a number of examples of how the pharmacy supported vulnerable people by reminding them to order their prescriptions. It was reported that both pharmacists had completed level two learning on the subject through the Centre for Pharmacy Postgraduate Education (CPPE).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough skilled people working to provide its services. It has systems to encourage feedback from its team members. And pharmacy team members work together well and regularly share information to help inform service delivery. They take part in discussions relating to the pharmacy's services and to patient safety. And they complete some learning associated with their roles.

Inspector's evidence

Two pharmacists covered the opening hours of the pharmacy (the SI and a company director). The pharmacy employed a full-time qualified dispenser, a part-time pharmacy technician and a part-time delivery driver. On duty on the day of inspection was the SI and the dispenser. There was some flexibility within the team to help manage absence. On the day of inspection, a new apprentice had started at the pharmacy. And the SI confirmed he would be enrolling the apprentice on an accredited dispensing course. The apprentice explained he had been reading through some SOPs. And the SI had planned a one-to-one session to go over details of the SOPs with the apprentice for later in the day.

There were no formal arrangements in place for ongoing learning. But the dispenser explained how pharmacists regularly shared information with team members to inform changes to practice. For example, the SI had shared information relating to some improvements required following the last GPhC inspection with team members. And the dispenser demonstrated some of the processes the team had applied to improve practice. For example, introducing weekly rotas to ensure they shredded the contents of the confidential waste boxes in a timely manner. And the opportunity to share learning associated with the valproate pregnancy prevention programme (PPP) had been taken. Pharmacy team members did have the opportunity to speak to pharmacists one-to-one. But the pharmacy did not have a structured appraisal process to record and review the outcomes of these discussions. The pharmacy did not set any targets for its team members to meet. The teams focus was on ensuring prescriptions were dispensed in a timely manner.

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 these took place every two months on average. The pharmacy did not keep notes of these meetings to help it review the effectiveness of any actions it took to reduce risk. The dispenser discussed how these conversations helped inform the way the pharmacy team worked. For example, the pharmacy team had introduced changes to the way the it labelled and assembled multi-compartment compliance packs following some concerns with the service. The dispenser confirmed that he was able to feedback any concerns to either pharmacist. And confirmed that his ideas and feedback were taken onboard. There was evidence of staff suggestions being asked for by the pharmacists through a suggestions sheet. But this was not commonly used.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and secure. It offers a suitable environment for delivering the prescription dispensing services it provides.

Inspector's evidence

The pharmacy's website (pharmacydelivered4u.co.uk) provided basic information about the pharmacy and its services. The pharmacy offered a repeat prescription reminder service to people through its website. It did not advertise for sale any medicines through its website.

The pharmacy premises were on the first-floor level of the commercial building and they were secure. The premises 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. It did not appear any worse during this inspection than in the previous inspection in April 2019. Both dispensaries provided ample space for managing the pharmacy's workload.

The pharmacy had been cluttered on the inspector's previous visits. But pharmacy team members had taken the opportunity to review workspace and clear out the store room. And the premises were neat throughout. Work benches were clear of clutter. And floor spaces were free from trip hazards. Lighting throughout the premises was adequate. Antibacterial soap and towels were available for hand washing at the dispensary sink.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are available to people at a distance, as advertised. The pharmacy obtains its medicines from reputable sources. And it has systems to ensure it stores its medicines safely and securely. The pharmacy has some procedures for the management of its services. And team members mostly follow these procedures. But the pharmacy does not have procedures to assist pharmacists in providing additional information when supplying high-risk medicines. This may mean the pharmacy misses some opportunities to provide information to people to support them in taking these medicines

Inspector's evidence

The pharmacy's website provided clear details of the pharmacy's opening times and services. It also provided details of the SI, the pharmacy's GPhC registration number and contact information for the pharmacy. But the pharmacy did not display the voluntary GPhC internet pharmacy logo. This logo provided a live link to the GPhC register when people clicked it. So, not displaying the logo meant it might be more difficult for people to have confidence they were using a currently registered online pharmacy.

Pharmacy team members were aware of signposting requirements. And explained how they would signpost people on to another healthcare provider if the pharmacy was unable to provide a service. The SI provided some examples of how he had worked with surgeries to support people in accessing their medicines. And pharmacy team members telephoned some people to remind them to order their repeat prescriptions with their surgery. This helped ensure the pharmacy received the prescriptions for multi-compartment compliance packs in a timely manner. And assisted the team in managing risks associated with this service.

The pharmacy didn't have formal SOPs for managing people on high-risk medicines. The SI explained he had spoken to people verbally about their medicines when there was indication that further information was required. But the pharmacy did not routinely complete monitoring checks for people on high-risk medicines such as warfarin. A dispenser was knowledgeable about the valproate PPP. And the pharmacy had high-risk warning cards to issue to people requiring them. The SI explained the pharmacy did not regularly dispense valproate to people in the high-risk group.

The pharmacy managed the multi-compartment compliance pack service on a four-weekly rolling rota. It had individual profile sheets for each person on the service. Every person receiving a multi-compartment compliance pack had a simple profile sheet in place. Pharmacy team members checked prescriptions against these sheets. And recorded changes to medication regimens clearly. A sample of multi-compartment compliance packs were found to be 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. But a dispenser explained these leaflets might be provided every couple of cycles rather than with every monthly supply of packs. A discussion took place about the requirement to ensure a PIL was issued each time a medicine was dispensed.

Pharmacy team members generally signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. Checks of three bags of assembled medicines found the boxes

had been signed on medicines in two out of three of the bags. The RP confirmed he would reinforce the pharmacy's requirement to complete these audit trails during the next team briefing. The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. It kept original prescriptions for medicines owing to people. And 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. And records indicated people were signing for receipt of their medicines.

The pharmacy used a range of licensed wholesalers and a licensed specials manufacturer to obtain medicines. Invoices relating to supplies were available onsite. The SI demonstrated a service agreement it had signed with its clinical software provider regarding equipment and support to help the pharmacy comply with the requirements of the Falsified Medicines Directive (FMD). But the equipment was not yet in place.

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. And records recorded confirmed the pharmacy was storing cold chain medicines within the required temperature range of two and eight degrees Celsius. The pharmacy kept its CDs in secure cabinets. And medicines storage inside was orderly. The pharmacy had not yet contacted the NHS CD accountable officer team to arrange destruction of its out-of-date CDs in the presence of an authorised witness. The requirement to contact the team had been discussed with the SI during the pharmacy's previous inspection.

The team kept date checking records and checks were regularly carried out. It highlighted short-dated medicines with stickers, and it recorded these medicines to help prompt removal and safe disposal of the medicines. The pharmacy had medicine waste bins and CD denaturing kits available to support its team members in managing pharmaceutical waste. A random check of stock across the dispensary found no out-of-date medicines. The pharmacy received details of medicine alerts and drug recalls through the Medicines and Healthcare products Regulatory Agency (MHRA) subscription service. And it kept audit trails of the alerts it checked.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

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 people's medication records. The pharmacy stored assembled bags of medicines waiting for delivery on a shelving unit in one of the dispensaries.

The pharmacy had a clean crown marked measuring cylinder for measuring liquid medicines. And equipment for counting tablets was available and clean. It supplied medicines in single-use multi-compartment compliance packs. And pharmacy team members had access to gloves when assembling these packs. The pharmacy's electrical equipment was not subject to portable appliance testing. But wires and plugs were visibly free from wear and tear. Some cables underneath the pharmacy computer were tangled.

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.