

# Registered pharmacy inspection report

**Pharmacy Name:** Del My Meds Pharmacy, Right Hand Grafton House, Bulls Head Yard, ALCESTER, Warwickshire, B49 5BX

**Pharmacy reference:** 1126386

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 12/06/2024

## Pharmacy context

This pharmacy provides its services at a distance and it is closed to the public. It is situated in Alcester, Warwickshire. The pharmacy dispenses prescriptions to a few care homes, and most medicines are supplied in multi-compartment compliance packs to help people take their medicines safely. And it also offers seasonal flu vaccination and Covid-19 spring booster service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services safely. It keeps the records required by law to show that medicines are supplied safely. Its team members record and review their mistakes so that they can learn and improve from these events. They keep people's private information securely and they understand how to respond to concerns about vulnerable people. The pharmacy has written instructions to help make sure its services are delivered safely and effectively.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and most team members had read and signed the SOPs relevant to their roles and responsibilities. There were couple of recently recruited team members who were in the process of reading the SOPs. The correct Responsible Pharmacist (RP) notice was on display and team members could explain the tasks they could not undertake in the absence of a pharmacist.

Team members routinely recorded and reviewed dispensing mistakes that were detected before the medicines left the pharmacy (near misses). The near miss records viewed during the inspection showed that team members had reflected on how a mistake had happened and actions taken to prevent similar events in the future. The RP said that higher-risk medicines such as sodium valproate and medicines with similar packaging or names had been marked and separated to minimise chances of picking errors. The pharmacy had system for recording, reporting, and reviewing dispensing mistakes that had reached people (dispensing errors).

The pharmacy's contact details to report any complaints was available on its website. And it was registered with the Information Commissioner's Office. Team members used their own NHS smartcards to access electronic prescriptions. Confidential information was stored securely, and confidential waste was shredded in the pharmacy. The pharmacy annually completed the NHS Digital Data Security and Protection tool kit.

The pharmacy had current professional liability and public indemnity insurance. Records about RP and controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited at regular intervals. The pharmacy had a separate register for patient-returned CDs. And returned CDs were recorded at the point of receipt. The stock of several randomly selected CDs matched the recorded balance in the register. The pharmacists had completed Level 3 training about safeguarding and team members had completed training relevant to their roles and responsibilities.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services safely. Team members work well together and are supportive of each other. And they have access to some training resources to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of the visit, the RP was supported by a second pharmacist, two qualified dispensers, and two trainee dispensers. The pharmacy also employed a further part-time dispenser who was not on duty at the time of the inspection. The trainee dispensers had been enrolled on accredited training courses. Team members were managing the workload comfortably and worked well together. They had access to training materials and journal articles to help keep their skills and knowledge up to date. The pharmacy's whistleblowing policy was included in the staff handbook which was issued to team members during their induction period. Team members said that they were well-supported by the pharmacists and the superintendent pharmacist (SI) who worked regularly in the pharmacy. And they felt comfortable making suggestions about how to improve the pharmacy's services. There were no targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secured against unauthorised access.

### Inspector's evidence

The pharmacy had a reception area and a consultation room which were located by the entrance of the pharmacy. The consultation room was of an adequate size but somewhat cluttered in places. A separate room opposite the pharmacy was used to administer Covid-19 vaccinations. It was spacious and clean. The dispensary was fitted to an adequate standard and it had just about enough space to store medicines safely and undertake the pharmacy's current dispensing workload efficiently. Access to the dispensary was restricted to authorised personnel and it was not visible to members of the public attending the pharmacy for advanced services. The premises had adequate lighting, and the ambient temperatures were suitable for storing medicines. The premises could be secured against unauthorised access when it was closed. The pharmacy's website included the SI's name and premises registration number. And it also included the address of where the medicines were supplied from.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy manages its services safely. It obtains its medicines from reputable sources and stores them correctly. It takes the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy provided its dispensing service at a distance, and members of the public could access this service via the internet or telephone. It was not linked with any on-line prescribers and it did not sell or supply any medicines from its website. Its current activity was predominantly dispensing NHS prescriptions. It also provided flu and Covid-19 booster services which members of the public attended the pharmacy in person. The Covid-19 spring booster service was delivered off-site, in a separate room opposite the pharmacy. The site had been approved by the NHS and the pharmacy provided the service for 6 months a year. The number of vaccinations undertaken in a typical day varied between 50 to 300.

The pharmacy offered a delivery service, and an audit trail was kept for all deliveries to ensure medicines were delivered safely. And it kept separate records for delivery of all CDs. The pharmacy's delivery driver had been recently enrolled on a training course about delivering medicines safely.

Team members used baskets during the dispensing process to prioritise workload and minimise the chances of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy's multi-compartment compliance pack service was organised and the packs were assembled in a separate area to minimise risk from interruptions. Dispensed packs checked during the inspection were labelled appropriately and included the images of medicines so that the care home staff could identify individual medicines correctly. The RP said that the pharmacy did not supply valproate-containing medicines in the compliance packs as these were supplied as original packs. And they had contacted all care homes to discuss the MHRA's guidance about original pack dispensing of valproate-containing medicines.

The pharmacy obtained its medicines from licensed suppliers and these were generally stored tidily and in an organised fashion. Waste medicines were stored in designated bins. Short-dated medicines were highlighted and when checked, there were no date-expired medicines found amongst in-date stock. Temperature sensitive medicines were stored tidily in the fridge. Maximum and minimum fridge temperatures were monitored and recorded daily. Records checked during the inspection showed that these had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored securely and in line with requirements. Access to CD cabinet was managed appropriately. Patient-returned CDs and obsolete CDs were separated from in-date stock in the cabinet. The pharmacy had a process to deal with safety alerts and medicine recalls. Records of these and the action taken by the team members were kept providing an audit trail. Team members had recently actioned a recall of carbomer eye gel.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment adequately.

### Inspector's evidence

The pharmacy had an internet connection and team members had access to current reference sources. All electrical equipment appeared to be in good working order and well-maintained. A range of calibrated glass measures were available and the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. People's confidential information on the pharmacy's computer system was password protected and stored securely.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.