

Registered pharmacy inspection report

Pharmacy Name: DocPharma Pharmacy, First Floor, 84 North Street,
Manchester, Greater Manchester, M8 8RA

Pharmacy reference: 9010375

Type of pharmacy: Closed

Date of inspection: 16/09/2024

Pharmacy context

This is an online, distance selling pharmacy. It is situated in a business premises unit in an industrial area of Cheetham Hill, Manchester. The pharmacy dispenses NHS prescriptions and delivers medication directly to people. It also supplies medicines in multi-compartment compliance packs to some people to help them 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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy keeps the required records. And members of the team know how to keep people's information safe. Members of the team record when things go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). But these were overdue their stated review date of June 2024. The superintendent pharmacist (SI) admitted they had fallen behind with this process and they were due to review the procedures. Members of the pharmacy team had signed training sheets to say they had read and accepted the SOPs.

The pharmacy had systems in place to enable the recording of dispensing errors and details of the learning outcomes. None had been recorded and the SI cited the context of the pharmacy and the ability to keep on top of the workload in an organised manner which helped to ensure services were provided in safe manner. An electronic near miss log was used to record any mistakes. The pharmacist discussed near miss incidents with members of the team as part of their weekly huddle to identify potential learning points. The SI explained they recorded details of the review and any actions which had been taken, but this was not available to view as the records had been taken away for the latest review. The team had moved prochlorperazine away from similar sounding medicines to help prevent a picking error.

The roles and responsibilities for members of the team were documented within SOPs. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure available on the website. Any complaints were recorded and followed up by the SI. A current certificate of professional indemnity insurance was available.

Records for the RP and unlicensed specials appeared to be in order. The pharmacy had not dispensed any private prescriptions. Controlled drugs (CDs) registers were kept electronically. Running balances were recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded.

An information governance (IG) policy was available, and members of the pharmacy team had read the policy. When questioned, the dispenser explained how confidential waste was separated and destroyed using a shredder. A privacy notice on the pharmacy website explained how the pharmacy handled and stored people's information. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training. The team understood where to find the contact details for the local safeguarding board. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training, or undertake training, for the jobs they do. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a superintendent pharmacist, and two dispensers, one of whom was a delivery driver. All members of the pharmacy team were appropriately trained. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system. Locum dispensers were used, if necessary, when additional support was needed.

Members of the pharmacy team had previously completed some additional training. For example, they had completed a training pack about the importance of providing care. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A dispenser provided examples of the types of queries they received from people on the telephone. Including when they would refer to the pharmacist when people were seeking medical advice.

Members of the team were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And it enabled pharmacy services to be provided in a suitable manner.

Inspector's evidence

The premises was clean and tidy, and appeared to be adequately maintained. The dispensary was located on the first floor, and those outside the pharmacy were not able to view any patient sensitive information. The temperature was controlled using electric heaters and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available, but it had not been used. It was tidy with a computer, desk, seating, and adequate lighting. The consultation room was located next to the entrance on the ground floor for ease of access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Members of the pharmacy team carry out additional checks for people taking higher-risk medicines to help ensure people understood how to take them.

Inspector's evidence

A website provided information about the services offered. It also included the pharmacy opening hours, and details about how to contact the team.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist checked the validity of prescriptions as part of their final accuracy checks. The pharmacy had identified people taking higher-risk medicines (such as warfarin, lithium, and methotrexate) and contacted them to conduct a review at least once a year. The review provided counselling advice and the team checked people were up to date with their blood tests. Records of any advice provided was kept. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply full packs. Educational material was provided with the medicines. The pharmacist called people taking valproate to provide counselling advice.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack the person was referred to their GP to complete a suitability assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were labelled with medication descriptions and supplied with patient information leaflets (PILs).

The pharmacy had a delivery service, and electronic delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. Where people lived outside of the local delivery area, the pharmacy used the Royal Mail Signed-For service, which also tracked the delivery of medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking record was available. The expiry dates of medicines were checked once every six months. Short-dated stock was highlighted using a sticker and recorded in a diary for the medicine to be removed at the month of expiry. But a bottle of oral morphine sulphate solution did not have the date it was opened written on. So members of the team may not be sure it remained suitable for use. The team explained they dispensed it on a weekly basis for a regular prescription, and they would ensure the date of opening was written on in future.

Controlled drugs were stored in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a built-in thermometer. The minimum and maximum temperatures were being recorded each day and had been

within the required range for the past three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received through electronic software. A record of the details of who actioned the alert, the action taken and when were kept on the software.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. 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.

Computers were password protected. A cordless phone was available in the pharmacy which allowed team members 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.