

Registered pharmacy inspection report

Pharmacy Name: Doctor's Direct Pharma Ltd, Unit 3a & 3b,
Vinnetrow Business Centre, Vinnetrow Road, Runcton, Chichester,
West Sussex, PO20 1QH

Pharmacy reference: 9010428

Type of pharmacy: Internet / distance selling

Date of inspection: 31/07/2019

Pharmacy context

This is a closed “internet” pharmacy located on a small business park on the outskirts of Chichester. The pharmacy serves residents of the city and surrounding rural areas and provides a limited range of services including NHS dispensing and supplies for patients in 35 local residential/ nursing homes. It also provides medicines in multi-compartment compliance packs (blister packs) to assist patients living in their own homes to remember when to take their medicines. As part of the NHS contractual arrangements, people are not permitted to attend the pharmacy, but medication is delivered to them in their homes using employed delivery drivers.

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 lack of standard operating procedures at the pharmacy increases the risk to patients through team members not being clear on how to carry out pharmacy services safely and legally
		1.3	Standard not met	The lack of standard operating procedures. Particularly around the responsible pharmacist regulations and controlled drugs. This means that staff are not clear on their own roles and responsibilities and what activities can be carried out legally, when there is no responsible pharmacist
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 not all met	4.2	Standard not met	There are risks associated with not having appropriate and safe procedures available in the pharmacy for staff to follow. And there are also risks to patient safety if staff are not clear as to what they can and can't do legally, when a pharmacist isn't present. The pharmacy must also register for and display the mandatory MHRA logo for distance selling and supplying medicines on its website.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not have any formal standard operating procedures in place. This means that staff are not always clear how to do things safely and in accordance with legal requirements. And in particular what activities they can or can't do, for example in the situation that a pharmacist isn't present. This presents an unacceptable risk to people. However, the pharmacy team does learn from dispensing incidents and uses the learning from these to reflect and try and prevent further problems. People can give feedback about pharmacy services. But the pharmacy could do more to encourage this through its website. The pharmacy keeps the records it is required to. And the pharmacy team protect peoples private information and vulnerable people.

Inspector's evidence

At the time of the inspection, no standard operating procedures (SOPs) were present at the pharmacy and the pharmacy was currently operating with locum pharmacist cover. There had been two recent incidents where issues around continuity of care had arisen due to the locum pharmacist booking being cancelled and staff were confused as to what steps should be taken to safeguard patient care in the absence of being able to temporarily operate as a pharmacy. Staff were unclear what steps they should take and the activities they could carry out in the event of a locum failing to turn up and this must be clarified as part of the Responsible Pharmacist SOPs. In addition deliveries of controlled drugs (CDs) from wholesalers were routinely being received into the pharmacy before the pharmacist arrived, this is unacceptable and arrangements should be made to ensure that deliveries of CDs are only received when the pharmacist is present. SOPs covering all the activities at the pharmacy must be developed and implemented. And staff must be made clear about their roles and responsibilities and the limited activities that can take place in the absence of the responsible pharmacist.

The manager explained that the pharmacy records, reviews, and learns from adverse events. And evidence was seen that dispensing incidents and near misses were reviewed and feedback provided to staff. As a consequence of learning from these incidents, the pharmacy had taken steps to separate and highlight different strengths of medication e.g. Co-codamol, in an attempt to reduce the risk of further incidents. But the pharmacy could be better at documenting near misses and errors, in particular around the regularity and level of detail recorded. The locum pharmacist explained that colour coded baskets were also used in the dispensing process to manage, prioritise the workflow, separate prescriptions and to help reduce the likelihood of errors.

The manager explained that they welcomed feedback from people who used their services, and he spent time talking to care homes and discussing issues arising so that they could improve the service provided. The pharmacy had 'thank you' cards from people grateful for the care provided. However, on examining the website it wasn't entirely clear how patients could easily make a complaint and or provide feedback about the services provided. And the pharmacy could do better at making this clearer.

Professional indemnity insurance arrangements were in place through Numark for the pharmacy services provided. The Responsible Pharmacist (RP) sign was on display. The pharmacy does not currently dispense private prescriptions or make emergency supplies and therefore no records were maintained in respect of these services. The electronic CD register and specials records were in order and appropriate records were maintained of patient returned controlled drugs and their destruction. In addition running balances of controlled drugs were reconciled and those checked were correct. The RP

records were maintained in a register. However it was noted that there had been two recent occasions on 16 July and 19 July when no locum pharmacist cover was available, placing pressure on the staff and the continuity of service.

The pharmacy did not have any formal procedures in place to cover information governance as these were currently under review with the other SOPs. The staff were clear in their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Confidential waste was disposed of using dedicated bins and stored securely prior to destruction via the 'shred it' service. Child protection and vulnerable person safeguarding SOPs had been in place but were currently under review. A safeguarding contact list was on display, detailing what to do and who to contact if they had any concerns about the safety of a child or a vulnerable adult. The pharmacist had also completed the CPPE safeguarding course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has sufficient staffing levels for the services provided. However more could be done to ensure continuity of pharmacist cover.

Inspector's evidence

The pharmacy dispensed approximately 10,000 NHS prescription items each month. One locum pharmacist, three trained dispensers and two trainee dispensers were present in the pharmacy at the time of the inspection. There had been two recent incidents where locum cover had not been available and this had led to challenges in ensuring continuity of care for the patients served by the pharmacy. Assurances were provided that the pharmacy had recently recruited a permanent pharmacist who was due to start shortly.

Most staff had completed appropriate training courses and those that had not were still within their three month probation period and were due to be enrolled on training appropriate for their roles once this was completed. The business had recently changed 'owners' and the new owners were planning to initiating regular staff reviews and plan ongoing training, once a permanent pharmacist had been recruited. The locum pharmacist was observed supervising and overseeing the assembly and preparation of medicines and staff were seen to be referring queries to the pharmacist when appropriate.

On questioning, staff were able to explain how they would raise any concern about the provision of a pharmacy service, and confirmed that they were able to provide feedback and that this was acted upon by the owners. For example following an increasing number of stock shortages and feedback from staff, the manager was now planning the sourcing of stock more effectively to try and anticipate and reduce problems around stock procurement and continuity of care.

The company does not currently offer the New Medicines Service (NMS) or Medicines Use Reviews (MURs) due to the restrictive nature of its NHS contract and consequently does not have targets or incentives set around this. The locum pharmacist did not feel under any pressure to compromise his professional judgement when providing services to patients.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and provide a suitable environment for the delivery of pharmacy services. But more could be done to keep the pharmacy tidy and clean.

Inspector's evidence

The pharmacy was of a good size, adequately fitted out and well lit. The pharmacy had air conditioning installed to control the ambient temperature at the pharmacy. Hand washing facilities were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water. The pharmacy could do better at maintaining a tidy environment and ensuring that the floor was kept clean.

Principle 4 - Services Standards not all met

Summary findings

There are risks associated with not having appropriate and safe procedures available in the pharmacy for staff to follow. And there are also risks to patient safety if staff are not clear as to what they can and can't do legally, when a pharmacist isn't present. The pharmacy generally sources, stores and manages medicines appropriately. However, the pharmacy does not currently possess and display its own MHRA logo, as required by law for distance selling and supplying medicines on its website. This means that people are not getting the reassurance they need that the supplies are legal and that the medicines are fit for purpose.

Inspector's evidence

The pharmacy provided a limited range of services, due to being closed to people physically attending the pharmacy. The pharmacy provides a dispensing service to both nursing and residential homes in both blisters and original packaging, depending on the needs of the home. The manager visited every new nursing / residential home and provided an initial audit service for the home. Medicines are delivered via employed trained drivers to the care homes and people living in their own homes. The pharmacy texts people to inform them about their delivery and they are able to track the delivery van and maintain records of deliveries and signatures obtained from patients. Currently the pharmacy sells a small amount of General Sales List medicines (GSLs) via its website, but generally most over the counter preparations are sold via links to Medicines Chest. The pharmacy does not have its own MHRA online pharmacy logo displayed on its website and this should be obtained and displayed appropriately on the pharmacy website. In addition the website should be reviewed to ensure it is updated, accurate and developed further to ensure that appropriate information is available for patients in relation to how to obtain advice and contact the pharmacy both during and outside normal operating hours.

The "dispensed by" and "checked by" boxes on the dispensing labels on assembled medicines were initialled to provide a clear audit trail of which staff had been involved in each process. Patient information leaflets were supplied with all medicines, including community DDS patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had the information readily available to provide to patients as part of the counselling process. The pharmacy could do better by carrying out an audit of patients receiving valproate products to improve the targeting of such advice.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. The pharmacy was in the process of obtaining the software / hardware required as well as registering with SecureMed.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees celsius. The manager demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were recorded daily and stock was rotated and stored in an orderly manner in the fridge.

Medicines were stored in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks and stock close to expiring was dealt with appropriately. Date expired CDs were appropriately marked and segregated within the CD cabinet. The pharmacy obtained its medicines from licensed wholesalers. Specials were generally ordered via Colorama specials. Waste medicines including hazardous waste, were stored securely in appropriate containers and disposed of via licensed contractors. The dispenser demonstrated that drug safety

recalls were received, appropriately actioned and documented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services it provides. And it uses these to make sure people's private information is protected.

Inspector's evidence

A range of appropriately stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets / capsules and these were clean at the time of inspection. The pharmacy had up to date copies of BNF and other reference books as well as access to the internet and the facility to access the Numark information service. The pharmacy computer terminals and PMR were password protected. Pharmacy staff were observed disposing of confidential waste appropriately.

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.