

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy To My Door, Unit 10, Shipston Business Village, Tilemans Lane, Shipston-on-Stour, CV36 4FF

**Pharmacy reference:** 9010526

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

**Date of inspection:** 18/08/2022

## Pharmacy context

This is a pharmacy which provides its services at a distance. It is located in an industrial estate in Shipston-on-Stour, Warwickshire. The pharmacy dispenses NHS and private prescriptions and offers seasonal flu vaccinations. It supplies medicines to a large number of care homes, and most medicines are supplied in multi-compartment compliance packs to help people take their medicines at the right time. The pharmacy's website provides information about the pharmacy and its services.

## 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	3.1	Good practice	The pharmacy has been fitted to a high standard and it supports safe ways of working.
<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

The pharmacy appropriately identifies and manages the risks associated with providing its services. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. They keep the records required by law to show that medicines are supplied safely and appropriately. And they know how to respond to concerns about vulnerable people. The pharmacy has written instructions to help make sure its services are delivered safely and effectively. And it keeps people's private information securely.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and team members had read and signed the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display in the reception area of the pharmacy. The superintendent pharmacist (SI) explained the procedure members of the pharmacy team would follow when recording mistakes that were made during the dispensing process. A template for recording mistakes that were detected before the medicines left the pharmacy (near misses) was available. Near misses were recorded and reviewed monthly to identify any emerging trends. The SI commented that since automating the dispensing process, the error rates in the pharmacy were significantly lower. A recent dispensing incident involving an incorrect supply of Briviact had been recorded and reviewed. The SI said that he also reported dispensing errors to the National Reporting and Learning System (NRLS) so that it provided opportunities to warn others about the potential risk of harm, share learnings and prevent the likelihood of any future errors.

The SI explained that complaints about the pharmacy were rare and there were some very positive testimonials from people about the pharmacy. All complaints would be referred to the SI and all care homes knew to contact him directly. The pharmacy's contact details and a link to report complaints were on the pharmacy's website. The pharmacy had appropriate indemnity insurance and the records about controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited at regular intervals. Randomly selected CDs were checked and the records about these were correct. A separate register was used to record patient returned CDs.

The pharmacy was registered with the Information Commissioner's Office (ICO) and the pharmacy's website included details of the privacy policy. All computers were password protected and individual smart cards were used to access electronic prescriptions. Confidential waste was collected by a shredding company for secure disposal. Members of the pharmacy team had all completed safeguarding training relevant to their roles and responsibilities. The pharmacist had completed Level 2 safeguarding training and the pharmacy's delivery drivers had all completed the NPA's 'Delivering medicines safely and effectively' training course.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

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

### Inspector's evidence

The SI was the RP on the day of the visit. And he was supported by two other pharmacists, three qualified dispensers and a trainee dispenser. The pharmacy also employed five delivery drivers. The team appeared to work well together, and they were supportive of each other. A whistleblowing policy was available in the pharmacy, and it had been signed by all team members. A team member said that they had worked for the pharmacy for many years and felt comfortable raising any concerns with the SI. And further commented that the team was very well supported by their SI. The SI held regular meetings with team members to discuss any issues such as dispensing incidents or workload for the coming week.

Members of the pharmacy team had access to journal articles, trade magazines and other training resources to help keep their skills and knowledge up to date. A trainee dispenser had been enrolled on an accredited training course. The SI said the pharmacy was sufficiently busy, and he really didn't feel the need to set any targets or incentives for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises have been fitted to a high standard. And they are spacious, professional in appearance and suitable for the provision of healthcare services. They are kept secure from unauthorised access.

### Inspector's evidence

The pharmacy's premises were over two floors and they had been fitted to a high standard. And they were immaculately maintained and spacious. The entrance to the pharmacy was kept locked to prevent people entering the pharmacy. Two dispensing robots were installed in the main dispensary. A separate room was allocated on the first floor for the assembly of multi-compartment compliance packs. The room was tidy and well-organised.

A staff room, an office and a training room were located on the first floor. Members of the pharmacy team had access to good hygiene facilities.

A private consultation room was available and located in the reception area where customer seating was available. A chaperone policy was on display. Access to the dispensary was restricted to authorised personnel only and the dispensary was not visible to members of the public. The premises were well lit throughout and fitted with an air conditioning system. The pharmacy's website included all the relevant information about the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively to help make sure that people receive appropriate care. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

Services provided by the pharmacy were advertised on its website and could be accessed by email or telephone. Its current activity was predominantly dispensing NHS prescriptions to care homes. The pharmacy was not linked with any online prescribers, and it did not sell or supply any medicines from its website. Members of the pharmacy team could explain what services were offered by the pharmacy and where to signpost people to if a service was not offered.

The pharmacy offered a delivery service, and an audit trail was kept for all deliveries. Each delivery was recorded, and a signature was obtained from recipients. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The workflow in the pharmacy was very well organised. Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when the prescriptions could not be supplied in full when first dispensed.

The assembly of multi-compartment compliance packs was mainly automated. The disposable packs were printed with a QR code which provided a robust audit trail at each stage of the dispensing process. The packs included photographic descriptions to help people and their carers identify individual medicines. Patient information leaflets (PILs) were not always included, so people might not easily access additional information about their medicines. The SI said that, in the future, he would ensure team members included PILs when supplying the packs. Vulnerable patients or those not stabilised on current medication were supplied with weekly packs. Medicines with variable doses such as methotrexate and warfarin, and 'when required' medicines were generally supplied as original packs.

Members of the pharmacy team were aware of the additional guidance that needed to be provided when supplying valproate-containing medicines to people. The pharmacist said most valproate packs now included warnings and the pharmacy did not currently have any person in the at-risk group being supplied with valproate. Prescriptions for all CDs, including those that did not require secure storage were marked with a 28-day expiry date to ensure they were not supplied when not valid.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. Most medicines were stored in the dispensing robots; the SI demonstrated how medicines were scanned into the robot and this included the system recording the batch numbers and expiry dates of medicines. Bulky items such as dressings and liquid medicines were stored in an organised fashion on shelves. No date-expired medicines were found in with stock. Liquid medicines with limited shelf lives were marked with the date of opening so that team members knew if they were suitable to supply.

All CDs were stored securely. Temperature-sensitive medicines were stored appropriately, and the fridge temperatures were monitored and recorded daily. Medicines that were returned for destruction were well separated from regular stock and placed in designated containers. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team were kept, providing an audit trail.

## 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 well.

### Inspector's evidence

The pharmacy had an internet connection and members of the pharmacy team had access to on-line reference sources. All electrical equipment appeared to be in good working order and well-maintained. The pharmacy had calibrated glass measures available for measuring liquid medicines. And it had clean equipment for counting loose tablets and capsules. The pharmacy had access to items of personal protective equipment such as gloves and hand sanitisers. A service contract was in place for the dispensing robots and a support helpline was available in the event of a system failure. Contingency plans were in place for service disruptions.

### 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.