Registered pharmacy inspection report

Pharmacy Name: Woolleys Internet Pharmacy, 84 Bispham Road, Southport, Merseyside, PR9 7DF

Pharmacy reference: 9010848

Type of pharmacy: Internet / distance selling

Date of inspection: 16/08/2022

Pharmacy context

This is a community pharmacy located in a residential area of Southport, in Merseyside. Due to the NHS contractual arrangements in place, people have their medicines delivered by the pharmacy as the pharmacy are not permitted to provide face-to-face dispensing services. The pharmacy could provide other NHS services face-to-face, such as flu vaccinations, and a minor ailment service. It had a website: https://woolleysinternetpharmacy.co.uk/ which had details about the pharmacy's services and enabled people to purchase over-the-counter medicines through a third-party supplier. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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 to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team record things that go wrong. But the pharmacy does not routinely review the records of mistakes or keep records of action taken to show how they have learned from them. So some learning opportunities may be missed.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Most members of the pharmacy team had signed to say they had read and accepted the SOPs, but a pharmacy student had not. So she may not have fully understood what was expected of her.

Records of dispensing errors were made on the computer and near miss incidents were recorded on a paper log. The pharmacist explained that he discussed errors with team members when they came to light, so that they could learn from them. But the error records were not reviewed to identify trends. And there were no records of action being taken to avoid errors being repeated. Members of the team gave examples of moving dispensary stock to help avoid picking errors being repeated.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The pharmacy student was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. There was no notice on display identifying the responsible pharmacist (RP), but this was rectified as soon as it was pointed out by the inspector. The pharmacy had a complaints procedure which was available on its website. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked each month. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the private prescriptions and specials appeared to be in order. The RP was suitably signed into the RP register, but some entries did not always state when the pharmacist had finished their tenure.

An information governance (IG) policy was available, but it had not been read by the team so it was not clear whether it was always being followed. When questioned, members of the pharmacy team were able to explain how they would protect people's information. A dispenser described how confidential information was destroyed using the on-site shredder. A privacy policy was available on the pharmacy's website and described how people's information was handled by the pharmacy. Safeguarding procedures were included in the SOPs and had been read by members of the pharmacy team. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display in the dispensary. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the superintendent (SI), two pharmacy technicians, one of whom was trained to accuracy check, three dispensers and two pharmacy students. All members of the pharmacy team were appropriately trained. The pharmacy team also included a new starter. And they were in the process of filling two further dispenser vacancies. The normal staffing level was one or two pharmacists, and five support staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff, locum pharmacy technicians, and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about antibiotic stewardship. Staff were allowed learning time to complete training. And training records were kept showing that ongoing training was up to date. A dispenser was able to describe how she exercised her professional judgement if she spotted a mistake with the dosage of a medicine on a prescription. Members of the team were seen to be working well together, and said they felt well supported. The SI said he would provide members of the team with verbal feedback about their work. But there was no formal appraisal programme, which meant learning and development needs may not always be identified. Staff were aware of the pharmacy's whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no specific performance targets set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available so people can have private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Patient sensitive information could not be seen by people passing the premises or using the consultation room. The temperature was controlled using a central heating system. Lighting was sufficient. The staff had access to a kitchenette, and WC facilities.

A consultation room was available and kept locked when not in use. It was and tidy, with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

The pharmacy website contained appropriate information about who was providing the pharmacy services, and details of the superintendent pharmacist.

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 recognised sources, stores them appropriately and carries out checks to help make sure that they are in good condition. But the pharmacy does not always counsel people who are taking higher-risk medicines. So they don't always get assurance that the medicines are still suitable or that they are being used correctly.

Inspector's evidence

People could only visit the pharmacy by appointment, for specific services provided in the consultation room. Access to the consultation room was level via a side-door. Information about the pharmacy's services were available on its website. This also included details about how to contact the pharmacy and its opening hours. Information about healthcare topics were also available.

The pharmacy's dispensing service was only provided remotely. The majority of medicines were delivered by the pharmacy's delivery driver. Deliveries were recorded electronically, and the driver used a hand-held device to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A few deliveries were sent by Royal Mail using a tracked service, for patients outside the local area.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription to show this had been completed. When this had been done the accuracy checker was able to perform the final accuracy check.

The SI said all prescriptions were checked for validity during the final accuracy check and delivered within their legal timeframe. And the pharmacist would telephone patients to provide counselling if he felt it was required. The pharmacy had completed an audit for people who were taking oral anticoagulants. But there were no plans to repeat this. And no such audits had been completed for other high-risk medicines (such as lithium and methotrexate). So the pharmacy did not have reliable safeguards in place to make sure people who were taking high-risk medicines were being monitored or that they were taking them correctly. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to provide when the medicines were supplied. The SI said he would speak to any at-risk patients to check the supply was suitable, but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. 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 amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not routinely supplied for all patients. So people may not always have up-to-date information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy had fallen behind with its date checking process. Records for expiry date checks had not been completed since 2020. But a random sample of dispensary stock was checked and no out-of-date medicines were found. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically. Upon receipt of a drug alert, details were recorded about the action taken, by whom and when.

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 maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the 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 including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff 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.