

Registered pharmacy inspection report

Pharmacy Name: Door 2 Door Pharmacy, Unit 13A, Building 13,
Albion Mills Business Centre, Greengates, Bradford, West Yorkshire,
BD10 9TQ

Pharmacy reference: 9011109

Type of pharmacy: Internet / distance selling

Date of inspection: 29/08/2019

Pharmacy context

The pharmacy is in a business centre in Greengates. It opened in April 2019. And, it has a distance selling NHS contract. So, the pharmacy premises are not accessible to the public. Pharmacy team members dispense NHS prescriptions and deliver these to people at home. And, they supply medicines to some people in multi-compartmental compliance packs. The pharmacy also sells medicines via its website. Medicines sold on its website are dispensed and managed by a third-party contractor.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 generally has procedures in place to help manage the risks to its services. And, to help identify and learn from mistakes. Pharmacy team members know how to keep people's information secure. And, they know what to do if there is a concern about the welfare of a child or vulnerable adult. The pharmacy keeps the records required by law. And, it has most of the facilities it needs to keep other records when required. But, pharmacy team members could do more to identify and manage the risks for the types of services they provide as a distance selling pharmacy.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And the superintendent pharmacist (SI) said that during the early stages of the pharmacy operation, he intended to review them every year until the pharmacy was more established. The sample checked had been implemented when the pharmacy opened in April 2019. But, they did not display information about the next scheduled review. The SI said that both pharmacists who worked at the pharmacy had read the SOPs. But, they had not signed to confirm they had understood them. No other people were employed at the pharmacy. The pharmacy sold over-the-counter medicines to people via their website. All dispensing and management of the website was undertaken by a third-party contractor. The pharmacy did not have a service level agreement with the contractor. The SI said he had taken the good will of the contractor's reputation as enough assurance they would provide an appropriate service. This was discussed, and the SI appreciated the usefulness of an agreement to give assurances that medicines would be supplied safely and appropriately under his pharmacy's name. The SI said he had considered some risks of the service being provided by the pharmacy. One example was some consideration given to the risks of delivering medicine to people. But, he had not documented the risk assessment. And, after further discussion, it was apparent that he had not explored all the risks and mitigated them properly.

The pharmacy had a procedure for recording near miss errors made by pharmacy team members while dispensing. It had a template reporting form attached to the wall in the dispensary. But, there were no records of any errors. The SI said that so far, they had not made any mistakes. He explained that if there was a near miss error, he would record the details of what had happened. And, he would discuss the mistake with his colleague and make changes to prevent the mistake happening again. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It would record incidents according to the detail in the procedure. The SI confirmed there had been no errors given out to people since the pharmacy opened. So, there were no records to see.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers on the pharmacy's website, which clearly explained the company's complaints procedure. But, the leaflet was not provided to people in another format. So, people who did not use the internet may not be able to access the information. The SI said that the feedback received so far had been verbal and generally positive. One improvement point from people had been about the 1-hour timeslot used to deliver medicines at lunchtime and the pharmacy delivering after 5pm. The SI explained that he currently delivered prescriptions himself when the pharmacy closed at lunchtime or in the evenings. And, he said he was unable to change this until the business was able to support a delivery driver.

The pharmacy had up-to-date professional indemnity insurance in place. And, an up to date certificate of cover was available. The pharmacy did not stock any controlled drugs (CDs). But, it had blank CD registers in place to make records if a prescription for a CD was received. It did not have a register in place for recording CDs returned by people for destruction. The SI gave an assurance that no CDs had been returned to the pharmacy. And, that he would obtain a dedicated register as soon as possible. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. The pharmacy team monitored and recorded fridge temperatures daily. The pharmacy had a private prescription register in place, which it would use to record private prescriptions and emergency supplies. So far, no such transactions had taken place and no records had been made.

The pharmacy could not be accessed by the public due to the nature of its NHS contract. It kept sensitive information and materials in restricted areas. The pharmacy password protected computer terminals. And, it shredded confidential waste. The SI was clear about the importance of protecting confidentiality. And, he was in the process of completing a workbook to assess the pharmacy's compliance with the General Data Protection Regulations (GDPR). He showed the work that had been assessed and completed so far. The pharmacy also had a documented procedure in place explaining how pharmacy team members should protect confidentiality.

The SI gave a clear explanation of the symptoms that would raise his concerns in a vulnerable child or adult. And, he gave some examples in the context of his current pharmacy operation. He said he would assess any concern. And, he would seek advice from local safeguarding teams after looking up their contact details on the internet. The SI had completed training in safeguarding in August 2019. And, his certificate of completion was available. But, the pharmacy did not have a documented procedure in place to explain to pharmacy team members about what to do in the event of a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate staff to operate safely. The pharmacists keep their knowledge up to date to maintain their professional registration. And, they know how to raise a professional concern. They discuss the pharmacy operation openly. And they make changes to the way they operate to help provide services more effectively. The pharmacist dispenses and checks their own work. So, there may be an increased risk of mistakes happening.

Inspector's evidence

The two pharmacists who operated the pharmacy were subject to mandatory revalidation as part of their professional registration. The superintendent pharmacist (SI) said he felt comfortable raising concerns with his colleague. And, he felt they had a good, honest working relationship with each other. He said if he had a professional concern, he would raise it with the GPhC or NHS England. The pharmacy did not have a whistleblowing procedure. This was discussed, and the SI understood that it would be useful for pharmacy team members to be able to raise a concern about the pharmacy anonymously if necessary.

The SI he discussed the day-to-day operation of the pharmacy regularly with his colleague. And, they continually made changes to help improve their ways of working as the business developed. One recent example was a change to how they managed the small number of multi-compartmental compliance packs they dispensed. The pharmacists had discussed how they could improve the preparation and management of packs. And, they had created a master sheet for each patient. They used the sheets to keep records of what medicines people were prescribed. They recorded any changes made to their medicines and kept a schedule of when packs were due to be delivered to people. The SI said the sheets had helped to organise pack preparation. And, he expected them to become more useful as the business grew and pharmacy team members were busier.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate space for the services being provided. And, it is adequately maintained and secured.

Inspector's evidence

The pharmacy was clean and well maintained. Most areas of the pharmacy were tidy and well organised. But, some areas of bench space were cluttered, which reduced the already limited bench space further. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises.

There was a clean, well maintained sink in the dispensary used for medicines preparation. But, there were no facilities available for hand washing. The superintendent pharmacist (SI) said he would obtain soap and a towel as soon as possible. There was a toilet elsewhere in the building, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. And it has adequate systems to manage and deliver its services safely and effectively. The pharmacy sources its medicines from reputable suppliers. And it generally stores and manages them appropriately. It dispenses medicines into devices to help people remember to take them correctly. And, the pharmacist routinely provides information leaflets with these devices to help people take their medicines safely. The pharmacist takes steps to identify people taking some high-risk medicines. And, they provide these people with advice. But they don't always have the recommended written information to give to people.

Inspector's evidence

The pharmacy provided information about the services it offered on its website. But, pharmacy services were not routinely advertised to people in another way. So, people who did not use the internet may find it difficult to find out what the pharmacy could offer. The superintendent pharmacist said that when someone started using the pharmacy, they were provided with a leaflet containing the pharmacy's phone number and email address. And, he said he would use email to communicate with someone with a hearing impairment. The pharmacy could also provide large-print labels to people with a visual impairment.

The pharmacist signed the checked by box on dispensing labels to confirm a final check of the medicines had been completed. And, the pharmacy used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines in multi-compartmental compliance packs to a small number of people. The pharmacy attached backing sheets to each pack, so people had written instructions of how to take their medicines. And, these included descriptions of what the medicines looked like, so they could be identified in the pack. The pharmacist provided people with patient information leaflets about their medicines each month. And, they documented any changes to medicines provided in packs on the patient's master record sheet. The pharmacy did not have plumbed water in the dispensary. The sink available was a stand-alone unit which pumped water from a tank. Pharmacy team members used the water in the tank for cleaning and hand washing. The pharmacy had bottled water available for preparing medicines. The superintendent pharmacist (SI) said they had not yet dispensed any medicines that required reconstitution with water. And, if they needed to open a bottle of water to reconstitute medicines, any water left over would be discarded at the end of the day.

Pharmacy team members checked medicine expiry dates when medicines were received from the wholesalers and put away on the shelves. And, the SI said he marked any medicines expiring within 12 months and moved them to the front to be used first. The pharmacy did not keep records of expiry date checks. The SI said this was because date checking was carried out continually and because the pharmacy was less than six months old. He gave an assurance that as the pharmacy became more established, he would implement a system of date checking every three months. And, he would keep record of when checks had been completed and lists of stock expiring each month, so they could be removed before they expired. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacy obtained medicines from three licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). The pharmacy had a CD cabinet that was properly fixed and secured. But, they did not have any CDs in stock. The SI said that if they received a prescription for sodium valproate from someone who could become pregnant, he would contact the person. And, he would explain the risks of taking sodium valproate during pregnancy and would establish if the person was enrolled on a pregnancy prevention programme. But, the pharmacy did not have any printed material available to give to people to help them manage the risks. The SI gave an assurance that a stock of materials would be obtained as soon as possible. The pharmacy did not have any equipment, software or procedures available to comply with the Falsified Medicines Directive. The SI said he was aware of the requirements and was in the process of arranging the necessary requirements to comply. He said he planned to be compliant within the next three months.

The pharmacy delivered medicines to people. It recorded the deliveries made. But, it did not ask people to sign for their deliveries, apart from CDs, which were signed for and the records kept. So, there was no audit trail to confirm people had received their medicines. The inspector and the SI discussed the importance of a delivery audit trail in a pharmacy where this was the only means by which people received their medicines. The SI gave an assurance that he would design and implement a delivery record system as soon as possible to collect signatures for deliveries. And, he would design it to ensure that it protected people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And, it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. Pharmacy team members obtained equipment from the licensed wholesalers used. And, they had a set of clean, well maintained measures available for medicines preparation. The pharmacy had a dispensary fridge, which was in good working order. And, the team used it to store medicines only. The pharmacy restricted access to all equipment and it stored all items securely.

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.