

# Registered pharmacy inspection report

**Pharmacy Name:** Mauldeth Pharmacy, 139 Mauldeth Road,  
Manchester, Greater Manchester, M14 6SR

**Pharmacy reference:** 9011131

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

**Date of inspection:** 27/12/2019

## Pharmacy context

This pharmacy is situated in a shopping district of a suburban residential area. It is a distance-selling pharmacy, so people do not visit the pharmacy in person. Its main service is supplying NHS prescription medicines to people in the local area via its home delivery service. And the pharmacy supplies some medicines in multi-compartment compliance packs to help make sure people take them correctly. The pharmacy has its own website, [www.mauldethpharmacy.co.uk](http://www.mauldethpharmacy.co.uk) which allows people to order their NHS repeat prescription medication.

## 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	N/A	N/A	N/A
<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 manages the risks associated with its services reasonably well. It provides the pharmacy team with written instructions to help make sure it provides safe services and it keeps people's information secure. The team records and reviews its mistakes so that it can learn from them. And the team members understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated some staff had read these procedures, but one of the resident pharmacists had not. The procedures' issue date and author were unclear, and they did not have a review date.

The checker initialled dispensing labels, but one of the dispensers did not always do this, which could make it more difficult to identify who was responsible for each prescription medication supplied and make it harder to investigate and manage mistakes. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines and addressed each of them separately. However, staff did not always discuss or record the reason why they thought they had made each mistake, and they did not review these records, so they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy had a complaint handling procedure, so staff could effectively respond to any concerns raised. The website had information about the pharmacy and relevant contact details. However, the complaints page on the website did not explain clearly how people could make a complaint. And the pharmacy had not conducted a patient survey, so it received only limited feedback about its services.

The superintendent confirmed that the pharmacy had its own professional indemnity insurance for the services it provided. The RP, who was one of the resident pharmacists, displayed their RP notice. The pharmacy maintained the records required by law for the RP and CD transactions.

The pharmacy's privacy notice was displayed on the website. It had General Data Protection Regulation (GDPR) policies that some staff had read. They used passwords to protect access to electronic patient data and used their own security cards to access people's NHS data. The pharmacy had obtained people's written consent to access their information in relation to the prescription ordering and electronic prescription services. It had not completed the equivalent of a data protection audit, so there could be areas of risk that remained unidentified.

The RP and superintendent pharmacist, who were both resident pharmacists, had level two safeguarding accreditation. The staff had a basic understanding of safeguarding because the superintendent had briefed them on how they could access relevant guidance and contact details on the NHS website. However, they had not received more detailed training. Staff recalled reporting safeguarding concerns to the GP or carer if people had not responded when the pharmacy attempted to deliver their medication, when they became confused or had prematurely run out of medication. They had discussed whether to supply medication every seven or twenty-eight days to people who had their medication supplied in multi-compartment compliance packs. However, it had not made a record supporting why it was safe to supply every twenty-eight days.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide an efficient service and the team members work well together. Qualified staff have the skills necessary for their role. But, team members do not have access to a structured on-going training programme. So, they may develop gaps in their knowledge over the course of time.

### Inspector's evidence

The staff present included the RP and a dispenser. The other staff, who were not present, included the superintendent pharmacist, another resident pharmacist and a dispenser. The dispensers also delivered medication. The pharmacy had enough staff to comfortably manage its workload. It usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which collectively helped to increase service efficiency. People did not personally visit the pharmacy, so the team avoided sustained periods of increased workload pressure. The pharmacy had a formal target for the number of prescriptions it dispensed, which the staff said was achievable and realistic.

The staff present worked well both independently and collectively, and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. The dispenser confidently managed the day-to-day operational matters in relation to these services.

Staff had informal discussions about their performance and possible future training, but they did not participate in any structured performance review or planned programme of ongoing training.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's service, and it provides a professional environment for healthcare services. The pharmacy's website provides relevant information about the pharmacy and its services.

### Inspector's evidence

The pharmacy was situated in a retail unit. Its dispensary was suitably maintained, professional in appearance, and it provided enough space for the volume and nature of the pharmacy's service. A consultation room was unnecessary because people did not visit the premises. The level of cleanliness was appropriate for the service provided. And staff could secure the premises to prevent unauthorised access.

The pharmacy owner's identity, the pharmacy's registration number, address, contact telephone number and email address were suitably displayed on the pharmacy's website. However, the pharmacy had not updated the superintendent's details on its website, which could cause confusion.

The pharmacy did not offer any non-prescription medicines for sale on its website. People requesting these were redirected to another online pharmacy, where they could request non-prescription medicines. This other pharmacy was registered with the MHRA to supply medicines online.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated Monday to Friday 9am to 5pm. Most people telephoned the pharmacy to order their NHS repeat prescription, and a few via email. They also had the option to do this via the pharmacy's website. The pharmacy completed most requests on the day it received them.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of the medications requested, but destroyed them prematurely, so may not always be able to effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes.

The pharmacy did not have any written procedures that covered the safe dispensing of higher-risk medicines such as anti-coagulants and methotrexate, valproate, insulin, lithium or fentanyl patches. The RP had consistently checked if people on other higher-risk medicines had a recent blood test and kept records that supported this. They also checked that people understood their dose, whether any of them were experiencing any side-effects or medicine interactions and they counselled them if necessary. The pharmacists had checked all the people taking valproate, identified anyone in the at-risk group, counselled and given them the MHRA approved advice booklets. However, the pharmacy did not have the MHRA approved valproate advice cards to give these people each time it supplied their valproate, as recommended in the MHRA's guidance.

The pharmacy's website had a health advice section that took its content from the NHS website nhs.uk. Randomly selected sections, including for infections and pain, included information on the condition, when and how to self-treat and when to consult the GP.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and stored them in an organised manner. It did not have a system for complying with the Falsified Medicines Directive (FMD), as required by law. Staff recalled that the superintendent recently said they would be making enquiries into introducing a system.

The pharmacy suitably secured its CDs while it operated and could properly quarantine those that were date expired and patient returned. It kept a record of the pharmacist who was responsible for the safe custody of CDs each day. The pharmacist was usually within close proximity of any CDs being handled, so could monitor their security.

The pharmacy held a minimal amount stock, most of which the staff supplied within a month of ordering it. Staff said that the dispenser and pharmacist checked each medication's expiry date while preparing medications for supply. However, there was no separate expiry date-check routine. Most several randomly selected stock medicines had a reasonable or long shelf life. The team suitably monitored the medication refrigerator storage temperatures. Staff said that they took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records, but they could not locate them. The team disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable. Licensed waste contractors periodically collected these bins.

The pharmacy used an external courier for any medications that it occasionally supplied to people who were outside of the greater Manchester area. It used the courier's 'signed for' delivery option that, so the pharmacy could confirm online when the medication had been delivered to its intended destination.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It suitably stores and maintains the equipment, and it has the facilities to secure people's information.

### Inspector's evidence

The team kept the dispensary sink clean. It also had hot and cold running water, an antibacterial hand-sanitiser, and it had a clean measure. So, the pharmacy had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. The RP had their own access to the BNF online. The pharmacy had the hard-copy 2018 version of the BNF, but it did not have the latest editions of the BNF or cBNF, so other team members might not have easy access to these.

The pharmacy team had facilities that protected people's confidentiality. It regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. It also had facilities to store people's dispensed medicines and their prescriptions 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.