General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Door 2 Door Pharmacy, 41 Duke of York Street, Wakefield, West Yorkshire, WF1 3PD

Pharmacy reference: 9011153

Type of pharmacy: Internet / distance selling

Date of inspection: 10/12/2019

Pharmacy context

The pharmacy opened in June 2019 and provides services at a distance. People can access the pharmacy website and contact the pharmacy by telephone. The pharmacy dispenses NHS prescriptions and it delivers people's medicines to their homes. The pharmacy provides multi-compartment compliance packs to help people take their 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
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 identifies and manages the risks associated with its services. And it has up-to-date written procedures to provide the team with information on how to deliver pharmacy services. The pharmacy has suitable arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy keeps the records it needs to by law. The team members have training, guidance and experience to respond to safeguarding concerns. So, they can help protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The SOP folder included an index so the team could easily find the relevant SOP. The two pharmacists, who were the only members of the team, had signed to say they'd read, understood and would follow the SOPs. Each SOP described the objective and scope of the SOP, who in the team had responsibility to follow the SOP. And any known risks associated with the activity named in the SOP. For example, the SOP covering assembling a prescription identified the risk if team members assembled medicines from the label and not the prescription. The SOPs did not name the pharmacy they related to. And they did not have preparation dates or review dates.

The pharmacy had SOPs covering the steps to take when errors happened during the dispensing process. And it had SOPs covering the management of medicine errors that reached the person. But the pharmacy did not have any forms to record these errors. The pharmacist stated no such errors had been made since the pharmacy opened. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And the pharmacy website provided people with information on how to make a complaint. The pharmacy had up-to-date indemnity insurance.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy did not have a record to capture CDs returned by people. But no CDs had been returned to pharmacy since it opened. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy had a procedure covering data protection in line with the General Data Protection Regulations (GDPR) and a confidentiality policy. The pharmacy website displayed details of the privacy policy in line with the requirements of the GDPR. The pharmacist asked a person from the pharmacy team at a local hospital who rang to query a person's medicine to confirm the person's date of birth, their name and their address before providing the information. The pharmacist used this to confirm where the person was calling from and to ensure the correct information was provided. The team separated confidential waste for shredding.

The pharmacy had a policy providing information for the team on how to manage safeguarding concerns. The pharmacists had completed level two training in 2019 from the Centre for Pharmacy

Postgraduate Education (CPPE) on protecting children and vulnerable adults. And the pharmacists had completed Dementia Friends training. The delivery driver had completed safeguarding training and dementia friends training. The delivery driver had years of experience working with vulnerable groups of people. And would report back to the pharmacists any safeguarding concerns they had about people they delivered medicines to. The team responds well when safeguarding concerns arise.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. The team members use a variety of communication tools to share information and help support the efficient delivery of the pharmacy services.

Inspector's evidence

Two regular pharmacists covered the opening hours. The other team member was a full-time delivery driver. The inspector discussed having a dispenser as part of the team especially as the number of multi-compartment compliance packs grew. The two pharmacists communicated with each other using a WhatsApp group, emails and phone calls. The pharmacy did not have targets for pharmacy services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The team kept floor spaces clear to reduce the risk of trip hazards. One of the pharmacists had arranged the installation of a large work bench. This provided more space for dispensing especially the multi-compartment compliance packs. And to store stock and folders. The premises were secure and there was restricted access to the pharmacy during the opening hours.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that support people's health needs. And it manages its services well. The pharmacy keeps records of deliveries it makes to people's homes. So, it can deal with any queries effectively. The pharmacy gets is medicines from reputable sources. And it stores and manages medicines appropriately.

Inspector's evidence

The pharmacy was closed to the public which meant that people could not access the premises directly. People could access the pharmacy website and the contact details were on the dispensing labels for people to ring the team. The pharmacists had a mobile phone to receive out of hours telephone calls. And the pharmacy website had an email address for people to use. The pharmacists regularly checked for emails throughout the day.

The pharmacy provided multi-compartment compliance packs to help 12 people take their medicines. People received monthly or weekly supplies depending on their needs. The GP team sent prescriptions for one person as monthly supplies. But the pharmacists identified that the person would manage better with weekly supplies. So, the pharmacists delivered the packs each week. The team divided the preparation of the packs across the month. The pharmacists kept a list of when the pharmacy had delivered the packs, so they knew who was due their packs. The team usually ordered prescriptions 10 days before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The medication list also included medicines not sent in the pack such as inhalers. The team checked received prescriptions against the list. And queried any changes with the GP team. The team recorded the descriptions of the products within the packs. And usually supplied the manufacturer’s patient information leaflets.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacists used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacists referred to the prescription when selecting medication from the storage shelves. And they used this as a prompt to check what they had picked. The pharmacists worked alone meaning they dispensed and checked their own work. The pharmacist took a mental break between dispensing and checking their own work. And they usually dispensed prescriptions in the morning and checked them in the afternoon or the next day. This provided a break between the two tasks and helped to spot any errors. The pharmacists printed off the manufacturer’s patient information leaflets for medicines that came in bulk containers, to ensure people received this information. The pharmacists were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And had no people prescribed valproate who met the criteria. The pharmacy had the PPP pack to provide people with information when required. The pharmacists asked people on high risk medicine such as warfarin when they last had a blood test and what their current dose was. And they used the electronic patient record (PMR) to record the information provided by person.

The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found

that the team completed the boxes. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication. The pharmacists had re-designed the template for capturing the signatures to ensure people could not read other people's names and addresses. This involved attaching the bag label with the person's name and address on to the back of the sheet and allocating a number to the bag label. The number was then written on the other side of the sheet for the person receiving the medicine to sign next to.

The pharmacists checked the expiry dates on medicines when they arrived at the pharmacy from the wholesaler. And they kept the stock levels low based on the previous month's use. So, they could reduce the risk of having stock that may go out of date. But the pharmacy did not have a system to highlight medicines with a short expiry date. No out of date stock was found. The pharmacists recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. The pharmacists recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had no procedures or equipment to meet the requirements of the Falsified Medicines Directive (FMD). And the pharmacist did not know when the pharmacy would be FMD compliant. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The pharmacists usually printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used CE equipment to accurately measure liquid medication. The pharmacy had a fridge to store medicines kept at these temperatures.

The computer was password protected and access to people's records restricted by the NHS smart card system. The pharmacy completed a backup of the computer software each evening, so people's data was not lost. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information and it held private information away from public view. So, people such as delivery drivers from the wholesalers could not see this information when entering the pharmacy.

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.