

# Registered pharmacy inspection report

**Pharmacy Name:** iPharmacy, Unit 231a London Road, Ground floor, Grove House, Hazel Grove, Stockport, Greater Manchester, SK7 4HS

**Pharmacy reference:** 9011222

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

**Date of inspection:** 26/08/2021

## Pharmacy context

This is a distance-selling pharmacy that started operating in April 2021. It has a website, [www.i-pharmacy.co.uk](http://www.i-pharmacy.co.uk). It is situated in a residential area mainly serving the local population. The pharmacy provides an NHS prescription dispensing service. It prepares NHS prescription medicines and it manages some people's repeat prescriptions. Some people receive their medicines in multi-compartment weekly compliance packs to help make sure they take them safely. This inspection was completed during the COVID-19 pandemic.

## 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

Overall, the pharmacy manages the risks associated with its services well. The pharmacy team follows written instructions to help make sure it provides safe services. The team uses systems to review its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The public did not visit the premises and the pharmacist was the only staff member present during most of the working day. The dispensary size was large enough for the delivery driver and pharmacist to keep a safe distance from each other. The staff members had access to face masks and hand wipes, and they completed a lateral flow test twice each week. But none of the staff had completed a health risk assessment.

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff had read the procedures that were relevant to their role and responsibilities. The procedures did not have an implementation or review date. So, reviews might be overlooked, and the pharmacy might delay updating them.

The pharmacy's patient medication record (PMR) system required the medications selected for dispensing to be scanned to confirm they were correct. According to the RP, this had reduced the number of near misses that reached the final accuracy check. They explained that the system mitigated some of the risks of working alone and meant they did not have to include a mental break when they checked medication they had dispensed.

The pharmacist initialled the dispensing labels, which helped to clarify who was responsible for each supply of prescription medication. And it assisted with investigating and managing mistakes. The pharmacy had a written procedure and system for recording and reviewing mistakes, which helped it to identify opportunities to learn and mitigate risks in the dispensing process.

The RP confirmed that the pharmacy had professional indemnity insurance for the services it provided. They displayed their RP notice. The pharmacy had maintained records required by law for the RP and CD transactions. The pharmacy kept a running balance for the CDs that it held, and it had a register for recording any CDs that people returned.

The pharmacy had written policies on information governance, which included data protection. Passwords were used to protect access to people's electronic data and the RP used their own security card to access people's electronic NHS information. The pharmacy obtained people's written consent to access their information in relation to the prescription ordering and electronic prescription services. The pharmacy's privacy notice was not listed on its website, so people might not be able to easily access information which explains how the pharmacy protects their information.

The pharmacy had written procedures for protecting children and vulnerable adults. The RP had level two safeguarding accreditation. The pharmacy kept records of each compliance pack patient's care arrangements, including their next of kin details, which meant the team had easy access to this information if it needed it urgently. It also recorded each patient's medication start day, which helped

to make sure they did not run out of medication. The pharmacy did not check whether any of these people needed to be limited to seven day's medication per supply, which could help some people avoid becoming more confused.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services for the service demand. Team members understand their role and they work well independently.

### Inspector's evidence

The pharmacy team consisted of the RP and delivery driver. The superintendent pharmacist visited the pharmacy for half a day each week in a management role and they provided cover when the RP was on leave.

The pharmacy had enough staff to comfortably manage its workload. Its service demand was minimal, so the RP avoided sustained periods of increased workload pressure. The RP explained that they usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received its prescriptions via the prescription ordering and electronic prescription services. These systems helped to maintain service efficiency. The pharmacy did not have any official targets for the volume of services it provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy, and it provides a professional environment for the services it provides. It has suitable facilities to help protect people's privacy.

### Inspector's evidence

The pharmacy was situated in a modern retail unit, with recently installed dispensary fittings. It was spacious, bright and professional in appearance. The relatively large dispensary and available dispensing bench space was enough to safely prepare medication for the prescription volume, and to accommodate several people at any time. All areas were generally clean and tidy. The public did not visit the premises, so there were no obvious difficulties in protecting against unauthorised viewing of private information. The premises could be secured to prevent unauthorised access.

## 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 it manages them to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated between 9am to 5pm Monday to Friday. Its website promoted the NHS medication dispensing service. A prescribing service and other non-NHS treatments that the RP said they would be provided under a patient group direction were listed on the website. These services were not yet functioning.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines covering anti-coagulants and methotrexate. There were no written procedures for valproate or lithium. The PMR system automatically alerted the staff to make the appropriate checks when valproate was being prepared. Steroid emergency cards were available to give people, but the pharmacy did not have the valproate advice booklets or cards. The pharmacy had not supplied any people in the at-risk group with valproate.

The pharmacy prompted people to confirm the repeat medications they required one week before they needed them, which helped it limit medication wastage and meant people received their medication on time. It made records of these requests, so it could 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. It kept a record of these people's current medication that also stated the time of day they were to take them. The pharmacy kept records of communications about medication queries or changes for people using compliance packs on their PMR. This helped it effectively query differences between its records and prescriptions with the GP practice, and reduced the risk of it overlooking medication changes. However, the compliance packs were not always labelled with a description of all the medicines inside them, which could make it more difficult for people to identify each medicine.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, quarantined its date-expired and patient-returned CDs, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures. The PMR system checked the stock expiry date when it was scanned during the medication preparation process. The pharmacy had not manually completed any medication expiry date checks because it had only recently started operating. The RP said that they would implement a system in the near future. The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It did not have the facilities in place to dispose of obsolete medicines, as the pharmacy had not been required to do this so far, and the RP said they would address.

CDs were usually delivered to people within one week of the prescription issue date. So, the pharmacy made sure that CDs were delivered whilst the prescription was still valid.

The delivery driver wore a mask and used hand sanitiser when they delivered medication. They placed people's medicines at their front door, observed them being collected at a safe distance and people signed to confirm receipt of each supply. Pens were sanitised between deliveries.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services provided. The equipment is appropriately maintained, and the layout and design protects people's privacy.

### Inspector's evidence

Work surfaces, light switches, IT equipment and other touch points were sanitised twice weekly. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it 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 used the latest online versions of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its PMR system via a virtual private network. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

### 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.