

Registered pharmacy inspection report

Pharmacy Name: Pharmacy 24, 118 Devonshire Street, Salford,
Greater Manchester, M7 4AE

Pharmacy reference: 9011396

Type of pharmacy: Internet / distance selling

Date of inspection: 24/09/2021

Pharmacy context

This is a distance-selling pharmacy that first started operating in June 2020. It has a website, www.pharmacy-24.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
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

Overall, the pharmacy suitably manages its risks. It has written instructions to help make sure it provides safe services. But some team members have not confirmed their understanding of all these procedures, so they might not always work effectively or fully understand their roles and responsibilities. The team reviews its mistakes which helps it to learn from them. It keeps the records required by law, but details are sometimes incomplete which could make it harder to explain what has happened in the event of a query. Team members know how to keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The public did not visit the premises. The pharmacist and a dispenser were the only staff members present during most of the working day. The dispensary size was large enough for the staff to keep a safe distance from each other. The staff members had access to face masks and hand wipes, and they regularly completed a COVID-19 lateral flow test.

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, but the delivery driver had not signed to confirm this. The procedures did not have a scheduled review date. So, reviews might be overlooked, and the pharmacy might delay updating the procedures. The RP, who was both the regular and superintendent pharmacist, said that she would address this.

The dispenser and pharmacist usually initialled the dispensing labels, which helped to clarify who was responsible for each supply of prescription medication. But the dispenser did not always sign them, which could make investigating and managing mistakes more difficult.

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 team discussed and addressed any mistakes it identified when dispensing medicines. And staff members had recorded these mistakes, but the reason for them was not always clear. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had a complaints procedure, and it displayed information about how to make a complaint on its website. But this was not easy to find, so people may be less confident about raising concerns. The pharmacy had not participated in a patient satisfaction survey since opening due to COVID-19.

The RP confirmed that the pharmacy had professional indemnity insurance for the services it provided, and they displayed their RP notice. The superintendent explained that they did not always fully complete the RP log when they ceased being the RP, as required by law, which they said they would address. The pharmacy maintained the records required by law for CD transactions, and it kept CD running balances, which helped the team to detect discrepancies.

The pharmacy had data protection policies. Staff members had read these policies, and signed a confidentiality agreement. They used passwords and their own NHS security cards to access people's

electronic data. They securely stored and destroyed confidential material. The pharmacy's website advised people to view the privacy policy, but there was no link to it, so people could not easily access this information. The pharmacy had not completed a data protection audit, so it might miss opportunities to make improvements. The superintendent said they would address these issues.

The RP and dispenser both had level two safeguarding accreditation. The pharmacy kept records of care arrangements for these people, which included their next of kin and their carer's details. People using a compliance pack had been informally assessed for whether they needed their medication supply limited to seven days. The superintendent confirmed that she would introduce a formal assessment form so they could demonstrate this more effectively.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide safe and effective services. Team members understand their role and they work well both independently and collectively.

Inspector's evidence

The staff members present included the RP and an NVQ level three dispenser. The pharmacy employed a delivery driver.

The pharmacy had enough staff to comfortably manage its workload. Its service demand had steadily increased since opening, but it had plateaued over recent months. So, the RP avoided sustained periods of increased workload pressure. The team 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 management 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.

Staff members 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 provided the compliance pack service under the RP's supervision.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was situated in a modernised 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.

The pharmacy's website stated the pharmacy had prescribers when it did not offer a prescribing service. The superintendent agreed to make sure this was rectified.

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 6pm Monday to Friday, and it closed between 1pm and 2pm. Its website promoted the NHS medication dispensing service.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicine covering valproate, insulin, anti-coagulants and methotrexate. There were no written procedures for anti-coagulants or lithium, but the superintendent was drafting these. Valproate advice booklets and steroid emergency cards were not available to give people taking these medicines, but the superintendent confirmed that they would obtain them. 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 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 patient-returned CDs, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures. The pharmacy marked short-dated stock and it had regularly completed medication expiry date checks up to May 2021. The RP said that they would make sure the date checking routine was restarted. Some randomly selected medications each had at least reasonably long shelf life.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It had the facilities in place to dispose of obsolete medicines, which were located away from stock.

CDs were usually delivered to people within two days 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 they recorded each confirmed supply.

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 daily. 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. 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 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.