

# Registered pharmacy inspection report

**Pharmacy Name:** WS Health Services, 210 Bury New Road,  
Whitefield, Manchester, Greater Manchester, M45 6GG

**Pharmacy reference:** 9011397

**Type of pharmacy:** Community

**Date of inspection:** 12/09/2024

## Pharmacy context

This is a private pharmacy situated in Whitefield, Manchester. It provides face-to-face services for travel health, erectile dysfunction, weight loss and a phlebotomy service. It also sells medicines at a distance using a third-party retailer. Blood test kits are also sold via the pharmacy's website. The pharmacy has two websites: <https://thechemistonline.co.uk> and <https://thechemistlive.com> for people to access its services and information.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not make sure its policies are always being followed when medicines are sold via a third party sales platform. This increases the risk of people being able to obtain large quantities of medicines which have the potential to be abused or misused.
<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 not all met

### Summary findings

The pharmacy does not always take steps to safely supply medicines at a distance. It does not always follow the steps it puts in place to mitigate the risks that it identifies. It supplies people with multiple quantities of medicines that have the potential for abuse and misuse. The pharmacy keeps the records it needs to by law and has procedures in place to learn from mistakes. And it protects people's personal information appropriately.

### Inspector's evidence

The pharmacy's main activity was providing face to face travel health, erectile dysfunction and weight loss services under patient group directions (PGDs) as well as providing a phlebotomy service. Over the counter medicines were sold to people using a third party retailer.

Standard operating procedures (SOPs) were available and had been read and signed by team members. These were reviewed annually. Risk assessments were available, and one had been completed for selling medicines via a third-party service. One of the company's directors was in the process of producing risk assessments for the different medicines sold over the counter (OTC) to help make sure all the risks had been identified and documented.

The pharmacy was not independently able to verify the identity (ID) or age of people who purchased medicines using the third-party service. However, the third-party service had provided assurance that they completed these checks when people registered an account and only those over the age of 18 were approved to create one. Following the inspection, the pharmacy team had approached the third-party service and were provided with access to the developer's panel which allowed for further discussions on improving safety.

The third-party service did not alert the pharmacy if there were multiple accounts at the same address. However, team members completed some manual checks to identify multiple accounts for the same person. The pharmacy had a written policy detailing set restrictions on the number of packs of some medicines that could be supplied at a distance. These included laxatives and sleep aid products. The RP explained that some of these limits had been introduced within the last month after it had been identified that some people were requesting multiple quantities of medicines which had the potential to be abused. The RP explained that where people requested multiple quantities, additional questions were asked before a decision to supply was made. There was some evidence of order rejections seen but there was also some evidence of multiple packs of the same medicines being sold to the same person. So the pharmacy was unable to demonstrate that it was following the written procedures that were available.

Dispensing mistakes which were identified before medicines were supplied to people (near misses) were corrected, recorded, and discussed with the team members. Any near misses made with OTC medicines were also recorded on the near miss log as these orders were processed in the same way as prescriptions. Near misses were reviewed at the end of each month. The responsible pharmacist (RP) and superintendent pharmacist (SI) gave examples of putting separators in between some medicines, separating Cuprofen and ibuprofen on the shelves as well as separating the different strengths of Engerix injections. There had not been any recent dispensing incidents but both pharmacists were able

to describe the steps they would follow in the event if any were reported.

The pharmacy had current professional indemnity insurance which covered all the services provided. The pharmacy had a complaints procedure and a complaints section on the website that people could use. The correct RP notice was displayed. Private prescription and RP records were well maintained. The pharmacy did not supply any controlled drugs (CDs).

The pharmacy had an information governance policy which all team members had been briefed on. Confidential waste was collected, and a third-party service was contacted to arrange for appropriate disposal. The pharmacists and dispensers had all completed safeguarding training to help protect vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload appropriately. Its team members are able to discuss issues as they arise. And the pharmacy does some forwards planning to assess its future staffing needs.

### Inspector's evidence

The pharmacy team consisted of two regular pharmacists, two trained dispensers and a medicines counter assistant (MCA). One of the dispensers was also a trained phlebotomist. The pharmacy was in the process of recruiting two apprentices to fill upcoming vacancies. The RP felt that the team were able to manage the workload.

The performance of the pharmacy team members was managed by the directors of the company. Team members were provided with feedback on an ongoing basis and had quarterly reviews. Team members felt able to feedback ideas, suggestions and concerns with the directors of the company.

The pharmacy supported its team members to improve and develop their skills. For example, the phlebotomist had joined the pharmacy having no previous experience but was provided with guidance and support to fulfil their role. The team held meetings every Tuesdays to discuss any issues and feedback. It also provided an opportunity to discuss new products or services. The pharmacists produced laminates with information about new services so that team members could refer to these when answering queries over the telephone. There were no targets set for services provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are clean and secure. The pharmacy's website gives people information about who is providing its services.

### Inspector's evidence

The front room of the premises was used as a waiting room and there was a consultation room attached. Both of these were clean and presented a professional image. The dispensary was situated in a room towards the back of the premises. A partition was used to restrict this area from unauthorised access. The dispensary was clean and organised. A cleaner was used once a week and team members also took responsibility for cleaning. A room in the basement was used to store excess medicines which was locked at the end of the day. The top floor of the premises had rooms rented out for storage. The tenant was only able to access the room when the pharmacy was open and had no access to any of the pharmacy areas.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare services.

The pharmacy had two online websites (<https://thechemistonline.co.uk> and <https://thechemistlive.com/>). Both websites gave clear information how people could make a complaint, how people can contact the pharmacy and the GPhC registration information for the pharmacy and SI. There were a limited number of over-the-counter medicines which could be purchased via the website, the Chemist Live website linked to the pharmacy's eBay shop.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services safely. However, it could do more to ensure it follows its written procedures when selling medicines at a distance. It obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy had steps at the front, and people who were unable to access the premises were signposted to other services. The pharmacy were considering options about having a ramp fitted. People were signposted to other services where appropriate. Team members explained that people were commonly referred to other pharmacies for COVID-19 booster vaccinations and blood pressure monitoring. Services were provided on an appointment basis. People were able to make appointments on the pharmacy's website or on PharmaDoctor.

The pharmacy provided a range of services under PGDs. Both pharmacists had completed the relevant training and had the appropriate PGDs in place for the services they provided. The pharmacy was also a yellow fever centre and was registered with NaTHNaC. Majority of the consultations carried out were for the travel service. The travel health PGDs were mainly provided by PharmaDoctor. The PGD document had an eTool which operated alongside it and was used by the pharmacist as part of the consultation. Online and face-to-face refresher training was completed in line with the PGD requirements. Both pharmacists provided the weight loss services. The service was only provided following a face-to-face consultation, as part of the consultation the person's weight was checked to ensure it fell within the required parameters for treatment under the PGD.

Medicines that were supplied via a PGD was dispensed in the dispensary area by one of the dispensers and then checked by the pharmacist. The same process was followed for vaccinations which were administered in the pharmacy. The PGD system allowed for people's regular GP details to be recorded. The pharmacy passed on clinical information for people using the service to their GP if they provided consent to do so.

The pharmacy also dispensed prescriptions for a third-party service, the patients who received these medicines were generally not based in the UK. Prescriptions were issued by a GMC registered prescriber; the pharmacy were unsure if the service was registered with any other UK regulator. Medicines were sent to patients by the service provider. Following the inspection, a service level agreement between the pharmacy and the third party service was provided. This included details of who was responsible for each part of the process. And there was assurances provided for the safe and appropriate transport of medicines.

OTC medicines which people purchased via the third-party buying platform, were processed by the dispenser and passed on to the SI who checked most of the orders. People were sent a questionnaire to complete before the sale was processed. There were quantity limits set on some of the medicines sold via this route, but evidence was seen where the quantity supplied had exceeded the limit stated within the written procedures. The pharmacy was able to demonstrate some examples of orders that had

been cancelled as they had not been deemed appropriate.

The pharmacy provided a phlebotomy testing service. Blood samples were taken at the pharmacy which were then sent on to a laboratory for testing. People were sent their results directly from the laboratory.

Medicines were delivered using the tracked Royal Mail service or Evri. Signed confirmation was required on delivery. Any failed deliveries were returned to the pharmacy and the medicines were disposed.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored daily and recorded. They were observed to be within the required range for storing temperature-sensitive medicines. Date checking was done every three months and recorded on a date-checking matrix. Short-dated stock was highlighted with yellow dot stickers and recorded. A random sample of stock was checked, and no expired medicines were found. Out-of-date and other waste medicines were separated and collected by licensed waste collectors. Drug recalls were received electronically. The team checked the stock and take the appropriate action. A record was made once this had been done.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for its services. Its team members use the equipment in a way to help protect people's private information.

### Inspector's evidence

The pharmacy had two medical fridges available. Up-to-date reference sources were available including access to the internet. The pharmacy had a weighing scale which was used as part of the weight loss service.

Confirmation was given that computer systems met the latest security specification. Computers and the patient medication records (PMR) were password protected and screens were not visible to people using 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.