

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy2Go, Suite 6, 8 Lyndon House, Kings Court, Willie Snaith Road, Newmarket, Suffolk, CB8 7SG

**Pharmacy reference:** 9011459

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

**Date of inspection:** 12/11/2024

## Pharmacy context

This pharmacy is located in a business park in Newmarket in Suffolk. It mainly dispenses NHS prescriptions to people in the local area and delivers medicines to people's homes. It also dispenses medicines in multi-compartment compliance packs to people who have difficulty taking their medicines in original packs. It provides seasonal flu vaccinations and the Pharmacy First service under patient group directions (PGDs).

## 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 well. It has written procedures in place to help the team work safely. And its team members review their mistakes regularly so they can learn from them. The pharmacy generally keeps the records it needs to by law, but some records are incomplete which means some information may not be readily available if there is a query or concern. The pharmacy team keeps people's private information safe, and it knows how to protect vulnerable people.

### Inspector's evidence

The superintendent pharmacist (SI) was present during the inspection but was not the responsible pharmacist (RP). The pharmacy had a range of standard operating procedures (SOPs), and these had been read by all team members. The SOPs had been reviewed earlier in the year by the SI. The pharmacy recorded near misses (dispensing mistakes spotted before the medicines leave the pharmacy) on paper log sheets kept in the dispensary. The records contained a good level of detail and were discussed with the team member involved. Dispensing errors (mistakes that had reached a person) were recorded on paper report sheets in more detail than near misses and were discussed with the whole team. The SI gave an example of a recent error where the incorrect medicine had been given to a person. As a result of the error, the two medicines involved were separated on the dispensary shelves and warning notices were put up reminding staff to be more vigilant when selecting medicines.

Complaints and feedback could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint via email or over the phone. Complaints were usually dealt with by the SI. The website also provided details of the local Integrated Care Board (ICB) which people could also complain to.

The pharmacy had current professional indemnity insurance in place. The controlled drugs (CD) register contained all the details required by law and balance checks were carried out regularly. A random balance check found that the amount in stock matched the running balance in the register. Private prescription records were not all complete with the name and address of the prescriber missing from some entries. The team gave assurance that these details would be included going forward. Records about supplies of unlicensed medicines were in order. The RP notice on display had details of the wrong pharmacist, but this was rectified as soon as it was pointed out. The RP record was incomplete, with entries for the previous two days missing. The SI knew which pharmacist was the RP on those days and provided assurances that the missing RP log entries would be completed. The SI said he would speak to the team to ensure that going forward all entries would be recorded in the RP log. All other entries seen in the RP log were complete.

Confidential waste was shredded on site when no longer needed. The RP confirmed he had completed level two safeguarding training. Team members explained that they had not come across any safeguarding issues, mainly as they did not regularly have people visiting the pharmacy. But the SI confirmed that the pharmacy had access to contact details of local safeguarding leads if there was a safeguarding issue.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members do the right training for their roles. And they do some ongoing training to help keep their knowledge and skills up to date. Team members are comfortable providing feedback or raising concerns if needed.

### Inspector's evidence

On the day of the inspection, the team consisted of the RP and the SI who both worked regularly in the pharmacy. There were also two dispensary assistants and two delivery drivers. The SI confirmed that all team members had either completed an accredited training course or were in the process of completing one. The team appeared to comfortably manage its workload during the inspection and dispensing was up to date. The SI did ongoing training with the team on an ad-hoc basis, usually when a new product or service was being launched at the pharmacy. And the SI had an annual review with all team members to monitor their progress. Team members said they would be comfortable raising any issues or providing feedback. They would usually go to the RP or SI with any issues they had. They were observed working safely and efficiently during the inspection. And they knew what activities could and could not be done in the absence of an RP. The SI confirmed the team was not set any performance targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and its team members have enough space to carry out their work. The pharmacy is kept secure from unauthorised access. And people can have a private conversation with a team member.

### Inspector's evidence

The pharmacy was clean, bright and had enough floor and desktop space for team members to carry out their work. There were chairs available outside the entrance to the pharmacy for people waiting to access its services. The pharmacy had a consultation room was of a good size, was kept clean and allowed for a conversation at a normal level of volume to be had without being heard from the outside. However, the room had a window with a view of the edge of the car park, which was only partially blocked off from view, so some people may have been able to see into the room from the car park. The SI agreed to block the rest of the window to prevent anyone from seeing into the room. The temperature and lighting of the pharmacy were adequate. And it had central heating to adjust the temperature if required. The pharmacy had a sink for preparing liquid medicines which was kept clean. The team had access to toilets with hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access. The pharmacy's website had details of the superintendent pharmacist (SI) as well as the registration and contact details of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and efficiently. And it stores its medicines appropriately. The pharmacy obtains its medicines from licensed sources. And it takes the right action in response to safety alerts and recalls to ensure people are getting medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a manual door. There was a buzzer at the entrance to the building the pharmacy was located in that people needed to press and speak to a member of the pharmacy team before being granted entry. The pharmacy was located on the ground floor of the building and there were signs to direct people to it. The team explained that all medicines were delivered to people by their delivery drivers, and no one collected their medicines from the pharmacy. People only attended the pharmacy on an appointment basis for services such as vaccinations. Delivery drivers used a sheet with people's details which was returned to the pharmacy after the deliveries had been completed. For deliveries which contained a CD, an extra signature was required. If there was a failed delivery, a note would be left to arrange a redelivery and the medicines returned to the pharmacy.

Multi-compartment compliance packs were prepared in a separate area of the pharmacy. They were labelled with dosage instructions and warning information as well as a description of the medicines. This included the colour, shape and any markings on the medicines to help people identify the individual medicines. The team confirmed that patient information leaflets (PILs) were supplied monthly with all packs. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. As most people got their medicines delivered to them, there were less opportunities for people to ask questions or get information about their medicines. The SI explained that the pharmacy had produced some additional labels with safety information for high-risk medicines, such as azathioprine and carbimazole. Contact details for the pharmacy were also available on the website so that people could call and speak to a pharmacist if necessary.

The team was aware of the risks associated with sodium valproate and knew what to do if they received a prescription for someone in the at-risk category. Team members were shown where to apply a dispensing label to not cover any important details. The team was aware of the guidance change with regards to supplying sodium valproate in its original pack.

The pharmacy obtained its medicines from licensed wholesalers, and invoices were available to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately in two fridges in the pharmacy. Records for fridge temperatures were checked daily and records showed they were all in range. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out every three months and short-dated medicines were highlighted and recorded in a book to prevent expired medicines being dispensed. A random check of medicines on the shelves found no expired medicines present. Safety alerts and recalls of medicines and medical devices were received by email. Alerts were printed off and actioned, with a note on each sheet stating what action had been taken. These were then archived in a folder kept in the

pharmacy.

The pharmacy had the appropriate PGDs for the services it was providing including seasonal flu vaccinations and the Pharmacy First service. These were in date and had been signed by the SI who was the one providing the services. The pharmacy had access to an appropriate anaphylaxis kit in the consultation room should in case anyone experienced an allergic reaction to a vaccination.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected. Team members were observed using their own NHS smartcards. The pharmacy had cordless telephones to allow for conversations to be had in private. Electrical equipment had been safety tested the previous month. The pharmacy had the appropriate calibrated glass measures. It also had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate. All this equipment was clean and fit for use.

### 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.