

# Registered pharmacy inspection report

**Pharmacy Name:** Mymedicare Ltd, 6F Longden Road, Manchester, Greater Manchester, M12 5SJ

**Pharmacy reference:** 9011472

**Type of pharmacy:** Closed

**Date of inspection:** 23/03/2022

## Pharmacy context

This is a distance-selling pharmacy which first opened in December 2020. It operates from a business unit situated in a residential area, and it mainly serves people living in Greater Manchester. It has a website [www.mymedicare.co.uk](http://www.mymedicare.co.uk). The pharmacy prepares NHS prescription medicines, and it manages people's repeat prescriptions. Some people receive their medicines in weekly multicompartiment compliance packs to help make sure they take them safely. And the pharmacy supplies medicines to people in assisted living accommodation. Medicines are delivered to people in their homes. 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

The pharmacy generally manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information within the pharmacy premises. But the pharmacy does not always keep accurate records as required by law, so it may not be able to clearly demonstrate what has happened when queries arise.

### Inspector's evidence

Members of the public did not visit the premises. The dispensary size was large enough for the pharmacist and the two regular staff members to keep a safe distance from each other when working. The staff members had access to face masks and hand sanitiser, and they completed a COVID-19 lateral flow test twice each week.

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff members had read the procedures that were relevant to their role and responsibilities. The RP, who was a regular locum pharmacist, was still to provide written confirmation that he had read these procedures.

The dispenser or checker did not always initial dispensing labels, which could present difficulties clarifying who was responsible for each prescription medication the pharmacy supplied and investigating and managing mistakes.

The team discussed and addressed any mistakes it identified when dispensing medicines. Staff members recently started to complete a record of each mistake. They did not always record why these had happened, so they might not always identify patterns and further mitigate risks in the dispensing process.

Team members had read the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. Information about how people could make a complaint was displayed on the pharmacy's website. The pharmacy had not completed a recent patient survey due to the pandemic.

The pharmacy had some CD registers, but page headings were not always completed, as required by law. And the pharmacy did not have a register for its morphine 10mg/ml injection stock. The superintendent, who was the regular pharmacist, recalled that the pharmacy had obtained a small amount of this stock but it had not supplied any of it. They subsequently checked when the pharmacy obtained the stock and retrospectively entered this information in a register.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice. The pharmacy only had the last two month's RP records due to the previous log being accidentally destroyed. The superintendent had been the RP most of the time since the pharmacy started operating and they had other records that would help them to piece together a retrospective RP log.

Staff members had completed confidentiality and data protection training. They used passwords and

their own NHS security cards to access people's electronic data. They securely stored and destroyed confidential material.

The superintendent and RP had level two safeguard accreditation. The trainee dispenser had completed safeguarding training during their course. The pharmacy obtained resident's care arrangement information from the assisted living management. The superintendent assumed that the local GP practices had assessed each new compliance pack patient's, which included if they required limiting to seven days' medication per supply. However, the pharmacy did not clarify this with each practice.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staff profile and skill mix help it to provide safe and effective services. Team members work well together. The pharmacy provides appropriate training for new team members, which helps them develop the knowledge needed for their roles.

### Inspector's evidence

The RP, trainee dispenser and manager, who was not involved in providing services, were working during the inspection. The remainder of the team included the superintendent pharmacist and two locum pharmacists who were covering the superintendent's long-term leave.

The team had enough staff to reasonably managed the workload during the pandemic. 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. The trainee dispenser, who started working at the pharmacy around twelve months ago, had completed most of their course. They felt well supported and the pharmacists provided them guidance when needed. The manager planned to start a dispenser training course shortly.

## 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 had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The ample dispensary size and available dispensing bench space was enough for the team to safely prepare medication. There was a separate area used to prepare compliance packs, so there was enough space to provide this service safely.

The public did not visit the premises, so they were unlikely to view any confidential information in the pharmacy. The premises could be secured to prevent unauthorised access.

The superintendent's details, including their registration number, were displayed on the pharmacy's website. The pharmacy's address and registration number were also displayed. A link on the website helped people to confirm the pharmacy's registration status. The pharmacy's parent company's registration number was displayed on the website, but no other details were listed such as its name and address. The pharmacy's telephone number was available on the website. People could use an electronic messaging system on the website to communicate with the pharmacy.

## 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 manages them appropriately 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.

The pharmacy did not have written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and lithium, but the manager agreed to address this. The team members had informally reviewed people taking valproate to help identify anyone in the at-risk group. The MHRA approved valproate advice booklets were not available to give anyone in the at-risk group, but the manager confirmed that they were in the process of obtaining them.

The team prompted people to confirm the repeat prescription medications they required, which helped it limit medication wastage, and so people received their medication on time. The pharmacy retained records of these requests. So, the team 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. This helped it to effectively query differences between the record and prescriptions that the GP practice had provided and reduced the risk of it overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs. These were noted in an unstructured format, so staff members may overlook some relevant information. And the team did not always label compliance packs that it prepared with a description of each medicine inside them, which could make it more difficult for people to identify them.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff permanently marked and left a protruding flap on part-used medication stock cartons, which helped to make sure they selected the right quantity when dispensing and so people received the right amount of medication.

People could not purchase medicines via the website. They sometimes telephoned the pharmacy to request over-the-counter medicines and the RP approved all the sales.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined its date-expired CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Staff members confirmed that they regularly checked all the medicines stock expiry dates every two weeks. They did not make any records to support this, so they could not clearly demonstrate this.

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 facilities in place to dispose of obsolete medicines,

and these were kept separate from stock.

The delivery driver placed people's medicines at their front door and observed them being collected at a safe distance. They recorded each confirmed supply and took an image of the delivery address. The pharmacy planned to obtain the delivery recipient's signature in future, as stated in the written procedures.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

### Inspector's evidence

Until recently the floor, work surfaces, light switches, IT equipment, door handles and telephones were regularly sanitised. The manager verified that the team would restart this routine. 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 online BNF to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible to the public and regularly backed up people's data on the PMR, which had password protection. 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.