

Registered pharmacy inspection report

Pharmacy Name: Frodsham Pharmacy, 59 Kingsley Road, Frodsham, Cheshire, WA6 6SJ

Pharmacy reference: 9011515

Type of pharmacy: Internet / distance selling

Date of inspection: 25/05/2021

Pharmacy context

This is a distance selling pharmacy located in the grounds of a residential property. It began trading in March 2021 and is normally operational from 8.30am to 5pm Monday to Friday and 9am to 12 noon Saturday. NHS dispensing is the main activity and a range of over-the-counter medicines are available for sale via the pharmacy's website (www.frodshampharmacy.co.uk). The pharmacy caters mainly for the local population, and it also provides a dispensing service for a residential care home. Medicines are supplied in multi compartment compliance aid packs for a few patients to help them take their medicines correctly. This inspection was carried out 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

The pharmacy has written procedures to help it provide its services safely and effectively. And there are systems in place to learn from things that go wrong. It keeps the records that are needed by law. And it lets people know how it protects their personal information. But the pharmacy does not make it easy for people to complain or give feedback. So it may miss opportunities to make improvements.

Inspector's evidence

The pharmacy had a full range of written SOPs in place. They had been introduced when the pharmacy started trading but they were not dated to show this. The pharmacist intended to keep the SOPs under regular review, but the lack of dates could make this more difficult. The SOPs were based on standard templates and some of the content was not relevant to the pharmacy's current activities, which meant they were more complicated than they needed to be. For example, there was a roles and responsibilities matrix that described the responsibilities of various job titles, even though the pharmacy currently only employed the superintendent pharmacist and a regular locum pharmacist.

A system had been put in place to record any dispensing errors or near misses so that they could learn from them. To date just a single near miss had been recorded, which was the only incident the pharmacist was aware of. All dispensing labels were initialled by the pharmacist to provide an audit trail. A current certificate of professional indemnity insurance was available.

A Responsible Pharmacist (RP) notice was prominently displayed in the dispensary and the RP record was up to date. A private prescription book was available, but no records had been made because no private prescriptions had yet been dispensed and there had not been any emergency supplies. There had been a few transactions involving controlled drugs (CDs), which had been appropriately recorded in the CD register. Running balances were recorded and were checked at the time of dispensing.

A data protection policy was in place and details of how the pharmacy handled data were available on its website. The pharmacist confirmed he had completed training on information governance. There was a dedicated bin in the dispensary which was being used for the disposal of confidential waste, which would then be collected by a specialist contractor. The pharmacy website had a 'contact us' facility but it did not specifically invite feedback and the pharmacy's complaint procedure was not advertised. This meant the pharmacy may be less likely to receive feedback that it could use to help it improve its services.

A policy for safeguarding vulnerable patients was in place. It had been signed off by the pharmacist, who confirmed he had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist normally works alone but is able to manage the workload effectively. And he uses his professional judgement to make sure the medicines he supplies are safe for the people who take them.

Inspector's evidence

The superintendent pharmacist worked regularly as the responsible pharmacist. A locum pharmacist was employed to cover his days off but there were no other staff. The pharmacy had only been open for a few weeks and prescription volume was low enough for the pharmacist to be able to manage the workload single-handedly. The pharmacist was monitoring the situation and intended to recruit support staff when the level of business warranted it.

The pharmacist was aware of the risks associated with working alone, but the nature of the business meant there was enough time to take a mental break between dispensing and checking medicines. The pharmacist described clinical interventions he had made when dispensing prescriptions. These had been recorded on the patient's medication record on the pharmacy computer. But they were not recorded separately which means the information may not be available for ongoing learning.

The pharmacy offered a range of over-the-counter (OTC) medicines which could be purchased online or by telephoning the pharmacy. Online purchases required completion of a questionnaire which the pharmacist reviewed to satisfy himself that the medicine would be suitable. The pharmacist dealt personally with any telephone requests and asked questions about the use of the medicines during the conversation. The pharmacist had avoided selling any medicines he thought might be prone to misuse. He had received a number of phone calls asking for codeine linctus but had explained that the medicine was not stocked.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and professional in appearance. It provides a suitable environment for healthcare services.

Inspector's evidence

The pharmacy was clean and tidy. It was fitted out to a good standard and there was plenty of space for the services being provided. The pharmacy was not yet providing face to face services, but a consultation room was available for privacy, if needed. The pharmacy website contained the name, address and contact details of the pharmacy, along with registration numbers for the premises and for the superintendent pharmacist.

The pharmacy did not offer face to face services and the pharmacist normally worked alone, so COVID infection control was less of a concern. But PPE was available if needed, and the pharmacist wore a mask throughout the inspection. He confirmed he was carrying out regular self-testing and had been fully vaccinated. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water. The pharmacy was well lit in all areas and the room temperature was appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services at a distance but makes it easy for people to access them. It manages its services effectively so that it can supply medicines safely. And it stores its medicines appropriately to keep them in good condition.

Inspector's evidence

The main entrance to the pharmacy was a double door French window which opened directly into the dispensary, but this was not intended for use by the public. A separate side entrance which led into the consultation room area had been designated as the public entrance, but the pharmacy was not yet providing any face to face services. The entrance was suitable for wheelchairs.

The pharmacy offered a limited range of services including NHS dispensing, supply of NHS covid testing kits, and sales of OTC medicines. The pharmacist hoped to add further services in the future. Pharmacy services could be accessed via the pharmacy website or by telephone or email. The pharmacy also offered video calls by WhatsApp, Zoom, Facetime or Microsoft Teams. The pharmacy website contained details of the services available.

The pharmacy offered a prescription collection and delivery service. To date, all the prescriptions dispensed had been for patients in the local area and deliveries had been made by the pharmacist. The pharmacist was mindful of COVID infection risks and so did not ask patients to sign for deliveries they received unless controlled drugs were involved, in which case he asked them to use their own pen.

The dispensary work benches had enough clear space to allow safe working. Dispensing baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. The pharmacist counselled patients by telephone when he deemed it necessary and confirmed that he always checked their INR when warfarin was dispensed. He was aware of the risks associated with the use of valproate during pregnancy, but the pharmacy did not currently have any patients that met the risk criteria. Patient information to hand out with valproate was available if needed.

Monitored Dose System (MDS) trays were used to dispense medicines for a few patients who had compliance difficulties. The trays were labelled with descriptions to enable identification of the individual medicines and Patient Information Leaflets were supplied. A master sheet was kept for each MDS patient with details of their current medicines, and this was checked against repeat prescriptions to confirm there had been no changes.

Medicines were obtained from licensed wholesalers. Stock medicines were stored tidily in the dispensary. The pharmacist checked expiry dates when stock orders were received but had not yet needed to carry out routine checks on dispensary stock because the pharmacy had only been trading for a short time. He realised regular checks would be necessary in the future.

There was a dedicated medicines fridge equipped with a maximum/minimum thermometer.

Temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range.

Appropriate arrangements were in place for storage of CDs. Patient returned medicines were disposed of in a dedicated bin for collection by a specialist waste contractor. No patient returned CDs had been received. Drug alerts and recalls were received by e-mail. Records were kept showing they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. And it has appropriate facilities to protect confidentiality.

Inspector's evidence

Various reference books were in use including a current BNF. Crown stamped conical measures were available to measure liquid medicines. All electrical equipment appeared to be in good working order. Policies, procedures and other paperwork were kept in ring binders and stored neatly on dedicated shelving.

The pharmacist normally worked alone, so telephone conversations could not be overheard. A private consultation room was available if needed. Patient Medication Records were stored on the pharmacy computer.

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. |