

# Registered pharmacy inspection report

**Pharmacy Name:** Medihome Pharmacy, Remmets House, Unit 1,  
Lord Street, Bury, Greater Manchester, BL9 0RE

**Pharmacy reference:** 9011587

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

**Date of inspection:** 16/11/2022

## Pharmacy context

This pharmacy is in a business estate on the outskirts of Bury town centre. It dispenses NHS prescriptions including for people living in care homes. And some people receive their medicines in multi-compartment compliance packs to help them take their medicines properly. The pharmacy has an NHS distance selling contract, so people do not access the pharmacy premises directly. Instead, the pharmacy delivers medicines to people at home and to care homes.

## 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 adequately identifies and manages the risks with its services. And it has suitable written procedures for team members to follow. Team members mostly make the records they must by law, and they adequately protect people's private details. They have knowledge and information available, to help protect vulnerable people. Team members discuss mistakes they make when dispensing and sometimes make records so they can learn and help make services safer.

### Inspector's evidence

The pharmacy kept online and printed standard operating procedures (SOPs) that were relevant to a distance selling pharmacy. The procedures reminded team members people could not access services directly from the premises. The SOPs included those for controlled drug (CD) management, Responsible Pharmacist (RP) regulations and dispensing. The pharmacy had introduced some new SOPs and reviewed others since the last inspection, this included a SOP for safeguarding vulnerable people and children. The pharmacy kept records to confirm team members had read a SOP, and these had been completed for most SOPs. There was no confirmation that team members had read the date checking SOP.

The team made entries on a paper log of errors that were identified during the dispensing process, known as near miss errors. Some regular entries had been made since the last inspection, but no records had been made since September 2022. There had been a review of near miss errors in March 2022, but there were no further records of reviews seen. A team member demonstrated how two medicines with similar names were kept in separate areas of the pharmacy following an error. And they described how the pharmacist discussed any mistakes with them so they could learn. Team members explained there had been no recent dispensing incidents. These were errors that were identified after people received their medicine. The pharmacy had a SOP relating to the management of near miss error and dispensing incidents that the team could refer to. The correct RP notice was displayed. Team members were observed working within their roles and responsibilities, with the dispenser making referrals to the pharmacist when necessary.

The pharmacy's website advertised how people could provide feedback and raise concerns and there was a written procedure for the team to refer to help manage complaints. A team member described how they resolved concerns people raised and escalated them if necessary. They reported many queries came from care home staff who had queries about missing or delayed deliveries, which the team resolved through regular communication. The pharmacy had a privacy policy on its website, and it had a procedure relating to information governance and confidentiality that team members had read. They were aware of the importance of keeping people's private information safe, although some information was sometimes securely stored away from the pharmacy overnight. This had been highlighted at the last inspection. The pharmacy used a third-party company to remove its confidential waste. There were a number of bags awaiting collection taking up space in one of the storerooms and the director explained there had been a delay in collections recently.

The pharmacy had up-to-date professional indemnity insurance. It kept a CD register that appeared up to date from the entries checked. There were a couple of instances where different brands of CDs had been entered in the same register with only one running balance. This had been highlighted at the last

inspection and not rectified. The pharmacy had last recorded a check of the physical quantity of stock against the register in September 2022, and these checks were intermittent. The physical balance matched the CD register balance for a sample checked. The pharmacy had a record of the destruction of patient-returned CDs, but the last entry was from some time ago. The dispenser reported no private prescriptions being dispensed and private prescription records were not seen. The pharmacy had an RP record, and the entries were mostly complete, with a couple of entries seen when the RP had not signed out of the record.

The pharmacy had a safeguarding SOP and the pharmacist had completed level 2 safeguarding training since the last inspection. Team members had an awareness of their role in protecting vulnerable people, describing how they would refer to the pharmacist if they had concerns. They had NHS safeguarding leads contact information attached up in the dispensary to refer to.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably skilled and experienced to provide services safely. And they complete some ongoing training to keep their knowledge up to date. They work well together to manage the workload and they feel comfortable discussing ideas together to help improve services.

### Inspector's evidence

The pharmacy manager was the RP, and the director of the pharmacy was working in his role as full-time dispenser. The RP and dispenser organised the workload together. There was a trainee pharmacist working, who was waiting for results of the recent examination. And a trainee dispenser was present at the start of the inspection but left soon after. There was another trainee dispenser on long term leave. They reportedly were both working through their qualification training. A part-time delivery driver worked afternoons delivering medicines to care homes and people's homes. Due to the non-urgent nature of the workload the team didn't appear under undue pressure, although there was a degree of clutter on the dispensing benches. The team worked well together and were seen prioritising medicines requiring delivery later that day.

The pharmacist and full-time dispenser had completed some ongoing training since the last inspection, including for safeguarding vulnerable people. The trainee pharmacist felt supported and described how he was informed of any changes in processes or services to help keep his knowledge up to date. There wasn't a structured approach to ongoing training, but team members read information shared by the RP and dispenser. The pharmacist worked closely with the director and felt they could discuss ideas to improve services together and resolve any concerns. They spoke together throughout the day as they worked but didn't have regular team meetings with other team members. The superintendent was accessible so any issues could be escalated.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure and of a suitable size for the pharmacy's services. It is adequately hygienic and clean, although there is some clutter throughout the premises.

### Inspector's evidence

The pharmacy premises were not accessible to the public, due to the pharmacy's NHS distance selling contract. There were several rooms, one used as a storeroom, which was cluttered and another room that was kept locked. The director reported he didn't have access to this room. Since the last inspection the room farthest away from the entrance had been refitted with a dispensing bench and a sink. This meant the pharmacy had more bench space to dispense and check prescriptions and the work was spread over three rooms. The pharmacy looked overstocked, with some excess stock stored in boxes and there was a degree of clutter with boxes stored in corridors and on shelves. These were stored in a way that meant that there were no significant health and safety issues. The amount of stock had decreased since the last inspection, and it was somewhat less cluttered. There was an issue with the mains water, as there was a leak in the toilet area that had been reported but had not yet been resolved. The team opened the stop cock if they required water for staff facilities or for professional use. The water was seen to be available in the new dispensary sink when the stop cock was opened. The pharmacy had adequate lighting. There were some loose electrical wires from the ceiling in a couple of areas reportedly due to the recent implementation of a different Patient Medication Record (PMR) system. These did not pose an immediate hazard. The temperature during the inspection felt cold, but there was a heater if needed. The main entrance was signposted as the fire exit.

The pharmacy had a website advertising its NHS services. It advertised over-the-counter medicines for sale including Pharmacy (P) only medicines. A third-party pharmacy managed the sale of medicines, and this was detailed on the website. The pharmacy superintendent's details, and the pharmacy's address were advertised on the website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has sufficient safeguards to help deliver its services safely and to make sure people receive their medicines when they need them. It makes some checks to help ensure its medicines are in good condition and suitable to supply. And it mostly stores its medicines as it should. But the pharmacy doesn't always manage its medicines well as it keeps a large amount of stock on its shelves. So, there is an increased chance some medicines may expire before the pharmacy can use them.

### Inspector's evidence

People accessed the pharmacy's services via the telephone, email, and through its website. The pharmacy delivered all dispensed medicines to people's homes. It provided dispensing services to care homes, and it also delivered these medicines. The driver had a record of the deliveries to make in a day and obtained signatures on delivery. But the pharmacy didn't hold a duplicate delivery list in case of queries. This had been highlighted at the last inspection.

The pharmacy used baskets to keep people's medicines and prescriptions separate and to help prevent errors. It had separate benches for labelling prescriptions, dispensing, and checking and some of these tasks were completed in separate rooms to help workflow. These areas were somewhat cluttered. The team dispensed some medicines in multi-compartment compliance packs for people living in care homes and in their own homes. It dispensed some medicines in blisters and on racks for care homes, depending on individual preferences. Suitable records were kept, and the workload was managed across a four-week cycle. The process had not changed much since the previous inspection. The dispenser organised and managed the compliance pack workload and ensured people received their medicines in plenty of time before they were needed. Team members used a master copy for each person as a dispensing and checking aid. This was a record of a person's current medicines and administration times. Records were also made on the PMR, including any changes. The team checked prescriptions for accuracy and contacted the care home or surgery staff to resolve any queries. The packs were labelled appropriately. Patient information leaflets (PILs) were supplied for people at home and supplied in a file to be held at the care homes. The SOPs had information on dispensing higher-risk medicines, including the requirements when dispensing valproate. The pharmacist was aware of the requirements of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate. He produced a report from the PMR to demonstrate that there was no current dispensing for people in the at-risk group.

The pharmacy obtained medicines from licenced wholesalers. It kept a lot of excess stock of medicines stored in various places on the premises. The amount of stock had reduced since the last inspection and the stock held on the dispensary shelves had reduced, although the shelves were still somewhat untidy. Some excess stock stored in boxes had a short expiry date, and it was likely due to the volume of prescriptions dispensed that these would expire before the pharmacy could use them. The pharmacist and director reported excess stock had been purchased due to ongoing stock shortages and was used for prescriptions received by the pharmacy. From a sample checked, the pharmacy had several short-dated medicines stored on the dispensary shelves, mostly highlighted as such. Several date-expired medicines were removed from the shelves during the inspection, showing the date checking process was not robust. Most of these had recent dates of expiry. The pharmacy had a date-checking matrix, that had been completed until September 2022, when the dispenser acknowledged the pharmacy had

been struggling sometimes to complete all required tasks. The team members confirmed they checked the expiry dates of medicines during the dispensing and checking process. They annotated the date of opening on liquid medicines.

The pharmacy had four medical fridges and the temperatures were in range during the inspection. The team had recently changed to recording the fridge temperature electronically, and both these and the historical paper records showed temperatures recorded between 2-8 degrees Celsius. There was some Saxenda and Ozempic, stored in one fridge. The director confirmed there was no weight loss service provided from the pharmacy and these were for NHS prescriptions. The pharmacy had medicinal waste bins available for managing pharmaceutical waste. It had appropriate processes to action medicine recalls and safety alerts. A team member printed these off and annotated what action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment to provide its services. And it uses its equipment to suitably protect people's private information.

### Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It had password-protected computers, with individual log-in and the team members used their NHS smart cards. It had maintenance support for the patient medication record (PMR) system. The pharmacy team had two glass measures to help with accurate measuring of liquid medicines. It had a range of consumables to dispense medicines in compliance packs and used large baskets to keep people's medicines and compliance packs separate.

### 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.