

Registered pharmacy inspection report

Pharmacy Name: Mr Pharmacy, 2nd Floor, 4 Cropston Road, Anstey, Leicester, Leicestershire, LE7 7BJ

Pharmacy reference: 9011660

Type of pharmacy: Internet

Date of inspection: 30/05/2022

Pharmacy context

This is a distance-selling pharmacy based in an office block. The pharmacy dispenses NHS prescriptions and also has a private on-line prescribing service. The pharmacy delivers medicines to people's homes. Other services provided include supplying medicines in multi-compartment compliance packs to people and the discharge medicine service.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. It has written policies and procedures to help make sure it operates safely. The pharmacy manages people's personal information safely. And it has procedures to learn from its mistakes. The pharmacy could improve its record keeping so that it can more easily show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy was quiet, and the only regular member of the team was the pharmacist. The pharmacy had a set of up-to-date standard operating procedures (SOPs). But these were not always followed. For example the 'dispensed by' and 'checked by' boxes on the medicine label were not routinely signed. The pharmacy had processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). But the pharmacist said that no dispensing mistakes had been made.

The pharmacy offered a private prescribing service for a small range of medicines using a pharmacist independent prescriber (PIP). The pharmacy had appropriate risk assessments in place and a clinical framework that was in line with national guidance. The pharmacy had not yet supplied any medicines through this service.

The pharmacy didn't display who the responsible pharmacist (RP) in charge of the pharmacy was. The pharmacist had thought that because members of the public didn't visit the pharmacy it wasn't necessary to do so. The pharmacist printed out an RP notice and displayed it. The pharmacist wasn't making a record in the RP log when he was absent from the pharmacy making deliveries. He said he would make sure he made the record. The pharmacy made the legally required entries in the CD register. There were some audits of CD running balances, but these were not regular. A check of the quantity of a CD in the cupboard against the running balance in the register showed that the running balance was incorrect. The pharmacist resolved the discrepancy. A second check was correct. The pharmacy had not received any patient-returned CDs.

There was a complaints procedure in place. The pharmacy had an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place.

The pharmacist had some understanding of safeguarding requirements but had not looked for contact details for the local safeguarding team or completed the latest safeguarding training. He subsequently provided the inspector with a certificate of completion for level 2 safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the day-to-day workload within the pharmacy. The team has appropriate qualifications to provide the services.

Inspector's evidence

During the inspection the pharmacist adequately managed the day-to-day workload. There was also a pharmacy undergraduate present who was undertaking some work experience. He had been at the pharmacy for a couple of days and had a limited role. He said that the pharmacist had been explaining the dispensing process to him and he had been learning about medicines.

The PIP worked at a separate location to the pharmacy. The PIP's details were shown on the pharmacy's website, but the superintendent did not have records to show that he had checked that the prescriber was competent to prescribe the medicines the pharmacy offered. The superintendent said that he would obtain the records and review them annually.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe during the pandemic. The pharmacy's website provides relevant information about its prescribing service and people can find most of the information they need to make sure the service is running legally

Inspector's evidence

The pharmacy was situated in an office building. The pharmacy had adequate heating and lighting and there was hot and cold water available. It was a reasonable size for the services available. The pharmacy was able to prevent unauthorised access during working hours and when the pharmacy was closed. The pharmacy had Covid-19 protocols in place. There was sufficient space for staff to work more than a metre apart and there was hand sanitiser available.

The superintendent stated that the pharmacy's website met current security requirements. The website was arranged so that there was a consultation with the prescriber before a specific medicine could be chosen. It also displayed the required information apart from the registration number of the pharmacy. The pharmacist said that he would arrange for this to be added.

Principle 4 - Services ✓ Standards met

Summary findings

Overall the pharmacy offers healthcare services which are adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. But the pharmacy doesn't make a record of the action it has taken which could make it harder for it to show what action it has taken in response to an alert.

Inspector's evidence

The pharmacy was a distance-selling pharmacy and there was no public access to the pharmacy. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacy delivered medications to some people. The pharmacist delivered the medicines to people himself. This gave him the opportunity to give any advice that was required and answer any queries that people had about their medicines. The pharmacist dispensed medicines himself. He took a mental break between dispensing and checking to reduce the risk of a dispensing error. The SOPs said that a dispensing audit trail should be created by initialling the 'dispensed by' and 'checked by' boxes on the medicine label. The labels checked weren't signed, the pharmacist said that he would start doing so. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

The pharmacy also had a private on-line prescribing service with a PIP as the prescriber. The pharmacy offered to treat a small range of conditions including erectile dysfunction and acid reflux. It had risk assessments in place and processes to check the identity of people accessing the service. But because the pharmacy had not yet supplied any medicines through this service it was not possible to check that the systems it had in place worked effectively.

The pharmacy supplied medicines in multi-compartment compliance packs to a small number of people living in the community who needed help managing their medicines. It had processes in place to make sure people got their medicines in a timely manner.

Medicines were mainly stored tidily on shelves in their original containers. There were some brown bottles containing medicines popped out of their foil blisters by mistake when assembling multi-compartment compliance packs. The labels on the bottles recorded the name of the product but not always the expiry date, batch number or date they were popped. The pharmacist put these bottles in the destruction box and said he would record those details going forward so that the medicines could be used safely. Opened bottles of liquid medications were not always marked with the date of opening which could make it harder for the pharmacist to know if they were still suitable for use. The pharmacist said that going forward he would make sure he recorded the date of opening on the bottle. The pharmacist was date-checking medicines when completing his accuracy check but didn't have a regular date-checking process in place. He said that he would introduce one. A quick check of stock medicines didn't find any that were out of date. A record of invoices showed that medicines were obtained from licensed wholesalers. The pharmacist was able to explain the process he took when receiving a drug alert but didn't make a record of the action taken. He said that he would start making a record.

Principle 5 - Equipment and facilities Standards met




Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains the equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances were new and looked in a reasonable condition. The PIP accessed his own reference sources.

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.