

Registered pharmacy inspection report

Pharmacy Name: Medstou, Unit 17, Room 18G011, Lea Green
Business Park, Eurolink, St. Helens, Merseyside, WA9 4TR

Pharmacy reference: 9011667

Type of pharmacy: Internet / distance selling

Date of inspection: 08/02/2022

Pharmacy context

This is an online pharmacy which uses the website 'http://www.medstou.com'. It is situated within a warehouse in an industrial park south of St Helens town centre. The pharmacy dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. This inspection took place during the COVID-19 pandemic, and it had been five months since the pharmacy had begun to provide NHS-funded services.

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, and this helps to maintain the safety and effectiveness of its services. It keeps the records it needs to by law. And it has processes to help keep private information safe. Members of the team record things that go wrong and review their practice to help identify learning.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had been recently issued. Their stated date of review was every 2 years. All members of the pharmacy team had signed to say they had read and understood the SOPs, except for the new starter.

A paper log was used to record any near miss incidents. The superintendent pharmacist (SI) said he felt the pharmacy's processes and the nature of its service meant there were fewer distractions and so fewer mistakes. He said he was constantly reviewing the pharmacy's processes to identify any areas to improve. The pharmacy had a process to record and investigate any dispensing errors, but the SI said none had occurred as far as he was aware.

The responsible pharmacist (RP) had their notice on display. Roles and responsibilities of the pharmacy team were described in individual SOPs. There was only other member of staff working in the pharmacy and she had only started the previous day. As she had no experience of working in pharmacy, the pharmacist was directly supervising her work. She understood that she was only allowed to perform tasks which she had been directed to do.

The pharmacy had a complaints procedure which was explained on the pharmacy's website. Any complaints were recorded online to be followed up by the SI. A current certificate of professional indemnity insurance was on display. Records for the RP, private prescriptions and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked at least every other week. Two random balances were checked, and both found to be accurate. A separate CD register was available to record any patient returned CDs, but none had yet been received by the pharmacy.

An information governance (IG) policy was available. The pharmacist and the new assistant had signed a confidentiality agreement. Confidential waste was destroyed using the on-site shredder. A privacy policy was available to view on the pharmacy website.

Safeguarding procedures were included in the SOPs and the pharmacist had completed level 2 safeguarding training. The procedure was written in the context of the national services provided by the pharmacy. And the pharmacy had the contact details for safeguarding teams across the country.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately supervised for the jobs they do.

Inspector's evidence

The pharmacy employed a pharmacist and a new starter – who had yet to start any formal training, but the SI confirmed she would be enrolled within the next few weeks. The volume of work appeared to be managed. The SI said he could arrange additional locum pharmacist cover to help with the workload if it was needed.

The SI and the assistant were seen to be working well together. On the job training and feedback were provided by the SI during the inspection. And the assistant appeared comfortable in asking for help when she needed it. The pharmacy had a whistleblowing policy in place. There were no performance targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And the pharmacy's website has enough information for people to understand who is providing the pharmacy's services.

Inspector's evidence

This was a closed pharmacy which used a website to offer its services. The website appeared appropriate and contained necessary information such as who was providing the services, the pharmacy's address, and the details about the superintendent pharmacist. The pharmacy was located inside a warehouse unit. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

The SI said he had considered the risks related to COVID-19 but had not completed a written risk assessment. Hand sanitiser gel was available. And there was sufficient space in the pharmacy for people to maintain social distancing whilst working. Members of the public did not enter the pharmacy and the staff did not feel the need to wear PPE.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are well managed. It gets its medicines from recognised sources and stores them appropriately. It keeps records when medicines are delivered to help ensure people have received them safely. And the pharmacist communicates with patients about their medicines to help ensure they take them safely.

Inspector's evidence

This was a closed pharmacy and members of the public did not routinely visit the premises. The pharmacy's website contained information about its services, opening hours and contact details – including email and phone number.

People could order their prescription through an associated mobile phone application. This would send the request to the person's GP and nominate a selected pharmacy of the patient's choice. Once nominated, the pharmacy could see what medicines had been requested by the patient and respond via an instant messaging service. This updated the patient about when the prescription had been received by the pharmacy and when it was sent for delivery. The pharmacy could also message patients directly to provide counselling or ask questions about their medicines. A number of conversations were recorded that showed occasions where the pharmacy had contacted the patient to ask them about their medicines.

The pharmacy had an in-house delivery service. This had been adapted in response to current COVID guidance. The member of staff would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The person delivering would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. A paper record was kept as an audit trail. For national deliveries, the pharmacy used Royal Mail Signed For delivery service. This service obtained a signature upon receipt for all medicines sent by the pharmacy. There was special packaging available for medicines requiring refrigeration, and the SI said he would need to test the delivery process before any of these medicines were sent. But so far, he had not sent any medicines by Royal Mail which required refrigeration.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacy's computer software alerted when there were prescriptions due to expire, including schedule 3 and 4 CDs.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. There was no process to routinely counsel patients who were taking high-risk medicines (such as warfarin, lithium and methotrexate), but the SI said he had not dispensed any of these medicines since the pharmacy had opened. He was aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The SI said he would speak to any patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. The

care home was responsible for ordering the prescriptions from the GP surgery and chasing up any outstanding prescriptions. The pharmacy would send a copy of the prescriptions received from the GP surgery so the care home could check for missing medicines or changes to directions. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the label. Patient Information Leaflets were provided with the compliance aids. The pharmacy produced medication administration record (MAR) charts for the care home to keep a record of administration. The SI said he always checked the accuracy of the information on these sheets before sending them to the care home.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines could be sourced from a specials manufacturer. There was very little stock kept within the pharmacy, as it operated a 'just in time' process for ordering stock. There was a procedure to check the expiry dates on medicines, but the pharmacy had yet to start doing this routinely. The SI said he would begin to complete regular expiry date checks following the inspection. A random sample of stock was examined, and no expired medicines were found.

Controlled drugs were stored appropriately in the CD cabinet. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Due to a local contractual issue, the pharmacy had yet to receive a DOOP bin to enable them to dispose of medicines safely. The SI said he would chase this up following the inspection. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures. The pharmacy also had equipment for counting loose tablets. Equipment was kept clean.

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.