

Registered pharmacy inspection report

Pharmacy Name: Direct2Chemist, Suite 3, Bridgewater House, 8
Surrey Road, Nelson, Lancashire, BB9 7TZ

Pharmacy reference: 9011993

Type of pharmacy: Internet / distance selling

Date of inspection: 18/05/2023

Pharmacy context

This is a distance selling community pharmacy located within an office building in the town of Nelson, Lancashire. The pharmacy premises are not open to the public. The pharmacy operates via the website www.direct2chemist.uk. It dispenses NHS prescriptions and sells a range of general sales list (GSL) healthcare products via its website. It provides a home delivery service and supplies some medicines to people in multi-compartment compliance packs.

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 adequately identifies the risks associated with the services it provides to people. There are written procedures to help the pharmacy team members manage these risks. Team members follow a comprehensive process to discuss and record details of mistakes made during the dispensing process. And they learn from these mistakes to reduce the risk of them recurring.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were designed to help team members complete various processes. There were SOPs for the management of controlled drugs (CDs) and dispensing medicines. The SOPs were written by the pharmacy's superintendent pharmacist (SI). They were last reviewed in July 2021 and were scheduled to be reviewed again in July 2023. Each team member who had completed their induction period had signed a document confirming they had read and understood the SOPs that were relevant to their roles.

The pharmacy had a procedure to support the team to highlight and record details of mistakes that were made during the dispensing process but spotted by the responsible pharmacist (RP) before reaching a person. These mistakes were known as near misses. The pharmacy used a third-party electronic system to keep near miss records. Once a near miss was identified by the RP, the dispenser was asked to rectify the mistake. Following this process, using their smart phone, the RP scanned a QR code that was displayed on a notice in the dispensary. The RP used their smartphone to complete a form to record the details of the near miss. The details recorded included the date and time the near miss occurred, the details of the team members who made the mistake, and the action taken to reduce the risk of a similar mistake happening again. Team members spoke briefly amongst each other to discuss why the near miss might have happened and how they could prevent a similar mistake from happening again. They had recently discussed the importance of taking extra care when dispensing medicines that looked similar or had similar names. The pharmacy used a similar system to record and report any dispensing incidents that had reached a person. But no examples were available for inspection.

The pharmacy had a process for people to follow if they wished to raise a concern or make a complaint about the pharmacy. The process was outlined via the pharmacy's website. The pharmacy had up-to-date professional indemnity insurance. It was displaying the correct RP notice. The RP register was mostly completed correctly but on some days the RP had not entered the times their responsible pharmacist duties had started and ended. The RP had not signed in on the day of the inspection. The RP did so when this was brought to their attention. The pharmacy retained complete CD registers. And the team kept them in line with legal requirements. The team completed regular balance checks of the CDs. The balances of two CDs were checked during the inspection. The balances were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team placed confidential material into sacks to avoid a mix up with general waste. The waste was periodically collected and then destroyed by a third-party contractor. Team members understood the importance of securing people's private information and they had all completed some basic training about the General Data Protection Regulation (GDPR). The pharmacy had a formal written procedure to help the team raise concerns about the safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. Team members understood that they may

find it difficult to identify safeguarding concerns through conversations with people over the phone. The pharmacy had tried to mitigate this risk by ensuring the pharmacy's delivery drivers were asked to report any concerns to the team as soon as possible. For example, if the driver noticed a housebound person was not answering the door.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a suitable team to provide its services. Team members have the correct qualifications and skills for their roles. They are supported by the pharmacy to update their knowledge and skills.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's full-time resident pharmacist and manager. The RP was supported by two full-time qualified pharmacy assistants and a part-time qualified pharmacy assistant. The part-time pharmacy assistant worked additional hours to cover the planned absences of the other team members. When the RP was not working, they were covered by the SI or a locum pharmacist. The pharmacy also employed two part-time delivery drivers.

The pharmacy supported its team members to keep their knowledge and skills up to date and to promote their professional development. It provided its team members with access to various online healthcare-related training modules. Team members could tailor their training based on their own specific needs. A team member had recently completed some training on safeguarding vulnerable adults and children. One pharmacy assistant had been working at the pharmacy for a few weeks and was enrolled onto the pharmacy's induction programme. This included a comprehensive list of processes the team member was required to work through. They were assessed on their competency of these processes by the RP. The pharmacy had an annual appraisal process in place. These were in the form of one-to-one conversations between the SI or RP and a team member. Team members were able to raise professional concerns and discuss their own professional development. They were set mutually agreed goals for them to strive to achieve by the next scheduled appraisal. A team member explained they had recently discussed working towards qualifying as a pharmacy technician. The pharmacy didn't have a whistleblowing process to support team members in raising an anonymous concern. The pharmacy didn't set any targets for the team to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the volume of services provided. The premises are clean and well maintained. The pharmacy's website is clear and easy for people to use.

Inspector's evidence

The pharmacy premises were clean and well maintained. The dispensary was large and there was ample bench space for the team to dispense medicines. Floor spaces were mostly kept clear but there were several bags containing returned medicines that were stored in a room and these could represent potential tripping hazards. The pharmacy stored its medicines on open shelves. The pharmacy had separate sinks available for hand washing and for preparing medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

The pharmacy website was easy to navigate. It clearly displayed the pharmacy's GPhC premises number and the name and registration numbers of the SI and the RP. If a person clicked on the displayed GPhC premises number, they were transferred to the GPhC pharmacy register webpage. The website outlined the services the pharmacy offered but didn't clearly display the pharmacy's opening hours. The pharmacy sold a wide range of GSL healthcare related products. These could be selected using drop-down menus based on the condition the person was looking to manage. There were drop-down menus for erectile dysfunction and weight loss, but there were no products for sale under these categories. The RP confirmed the pharmacy didn't offer any products for sale for these conditions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The team has the knowledge to support people taking some higher-risk medicines. The pharmacy correctly stores its medicines, but it does not always remove date-expired medicines from stock promptly. This could increase the chance of these medicines being supplied to people.

Inspector's evidence

The pharmacy premises were closed to the public. People could contact the pharmacy via telephone or email. The telephone number and email address of the pharmacy were clearly displayed on the pharmacy's website. The pharmacy served many elderly people, some of whom had hearing impairments. Team members described how they would move to a quieter part of the dispensary to engage in telephone conversations with such people. They ensured they spoke clearly and at a raised volume to help people understand them better. The pharmacy had a team member who spoke Punjabi, who was able to help many people who preferred to speak in that language.

Team members used various alert stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members generally signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. But they didn't always do this when dispensing multi-compartment compliance packs. Team members used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. Baskets were generally kept organised to minimise the risk of them being knocked over. The RP used a separate bench to complete the final checking process. Team members had comprehensive knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The pharmacy supplied patient information leaflets and patient cards with every supply and had recently completed an audit of people taking valproate, confirming that they didn't supply to anyone in the at-risk group.

The pharmacy dispensed multi-compartment compliance packs to several people living in their own homes and people living in some local care homes. The packs were designed to support people with taking their medicines. Team members dispensed the packs in a separate room. This gave them ample space to manage the dispensing process. They used master sheets to check the accuracy of prescriptions and followed up any queries with the person's GP. Team members recorded details of any changes. For example, if there was a change in dose or a treatment had been stopped, they recorded the name of the person who authorised the change, so an audit trail was in place. The packs were provided with backing sheets, medicine administration charts and photo images of each medicine within the pack to help people easily identify them. If a photo image of a medicine was not available, the team annotated the back sheets with a written description. For example, round, pink, tablet. The packs were also provided with patient information leaflets.

The pharmacy delivered medicines to people's homes or places of work. The pharmacy used an electronic system to manage and record deliveries and it uploaded information to the driver's handheld device. Pharmacy team members highlighted bags containing CDs on the driver's device and on the prescription bag. The pharmacy also asked people who received CDs to sign a paper form to confirm

receipt. The delivery driver left a card through the letterbox if someone was not at home when they delivered, asking them to contact the pharmacy.

The pharmacy had a process for the team to check the expiry dates of the pharmacy's medicines. But the team was not up to date with the process. Seven out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. These medicines were not marked to help identify them as being out of date. The RP was observed checking the expiry date of each medicine he completed a final check of. This helped mitigate the risk of the pharmacy supplying people with out-of-date medicines. The pharmacy had a medical grade fridge used to store medicines that required cold storage. And the team kept records of its minimum and maximum temperature ranges. A sample of the records seen showed the fridges were operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts electronically through email. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable and well-maintained equipment that it needs to provide its services. Equipment is used in a way which protect people's privacy.

Inspector's evidence

The pharmacy had resources available for the team to use. These included hard copies of the British National Formulary (BNF), the BNF for Children. However, both were older versions from 2019. The RP explained he would typically use online versions. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had several clean tablet counters. The pharmacy has suitable equipment that it needs to provide its services. The computers were password protected to prevent any unauthorised access.

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.