

Registered pharmacy inspection report

Pharmacy Name: High Speed Pharmacy, Ground Floor, 72 Wood Lane, Timperley, Altrincham, Cheshire, Greater Manchester, WA15 7PL

Pharmacy reference: 9012020

Type of pharmacy: Internet / distance selling

Date of inspection: 25/04/2024

Pharmacy context

This is a distance-selling pharmacy, situated in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines. It orders people's repeat prescriptions on their behalf, and it has a home delivery service. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also provides NHS seasonal influenza vaccinations. The pharmacy has a website highspeedpharmacy.co.uk.

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 manages its risks adequately. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures for safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). The RP, who was the superintendent and regular pharmacist, explained that they reviewed these procedures every twelve months, but they did not keep any supporting records that confirmed this.

Records indicated that most staff members, including delivery drivers, had read and understood the procedures relevant to their roles and responsibilities. But this was at least two years ago, so their knowledge might not be up to date.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes. The pharmacy team had written procedures for addressing mistakes it identified when preparing medicines. Team members discussed any mistakes they identified when preparing medicines. They did not always record them to support learning and review, but the RP stated they would address this. Staff members did not always document why a mistake had happened when they did record them. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. Information on the pharmacy's website explained how people could make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, and the pharmacy maintained the records required by law for the RP.

A randomly selected CD register indicated that the pharmacy maintained records for CD transactions, as required by law. The team kept records that confirmed it regularly checked the CD running balances, which helped it to detect any discrepancies. One randomly selected balance was accurate. The team kept a record of CDs returned to the pharmacy for safe disposal.

Team members had completed data protection training. They secured and destroyed any confidential papers. Staff members had their own security card and passwords to access NHS electronic patient data. Information on the website explained the pharmacy's privacy policy, which helped people understand how it protected their data. The pharmacy kept records of flu vaccinations it administered to people, including their consent to provide the service.

The RP had level two safeguarding accreditation, and the dispensers had completed level one safeguarding training. The delivery drivers had not completed any safeguarding training, but the RP

agreed to provide them with some guidance on this. The pharmacy liaised with GP practices if people needed to have a compliance pack. This included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. The pharmacy kept corresponding records of these assessments to support the person's ongoing care.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any specific medication delivery arrangements. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles.

Inspector's evidence

The staff present included the RP and a dispenser. The pharmacy's other staff included a second dispenser, and two delivery drivers were also employed. The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready in good time for when people needed them including compliance packs. The pharmacy received most of its prescriptions via the prescription management and NHS Electronic Prescription Service. Members of the public did not visit the pharmacy other than for planned flu vaccinations. So the team did not have sudden increases in service demand or workload pressures. The pharmacy had reviewed its delivery service capacity to make sure the team could manage the current service demand.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and required minimal supervision. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. The dispensers managed the compliance pack service under the regular pharmacist's supervision. And the delivery drivers had completed appropriate training relevant for their role.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. The pharmacy's website provides general information about its services and how to access them.

Inspector's evidence

The pharmacy was situated in a refurbished retail unit that had appropriate facilities fitted for pharmacy services. The open-plan design provided enough space for the volume and nature of the pharmacy's service. The pharmacy had a separate area for preparing compliance packs and a consultation room for people if needed. The level of cleanliness was appropriate for the services provided. The team could secure the pharmacy to prevent unauthorised access.

The pharmacy's address, contact telephone number, email address, GPhC registration number, the RP's, superintendent pharmacist's and pharmacy owner's details were displayed on the pharmacy's website. All this information was located at the bottom of the homepage, so people may not be able to easily find it. People could verify the superintendent's and owner's GPhC registration via the website.

People registered via the pharmacy's website to allow it to supply their NHS prescription medication. The website promoted a link to the www.NHS.uk website that included advice to people about a range of conditions and the associated treatments.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated Monday to Friday from 7am to 3pm. The public could contact the pharmacy via telephone and email.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines such as anti-coagulants, methotrexate, lithium and valproate. The RP stated that team members had read these procedures, but the records that confirmed this could not be located.

The team had recently checked for any people at risk who were prescribed valproate. Staff members knew that they should check that at risk people had received an annual specialist review to reassess the need for valproate therapy and consider alternative treatment options. But team members did not know they should check that two specialists had agreed valproate treatment for people at risk. The superintendent agreed to address this. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. Team members supplied valproate sealed in the original packaging unless otherwise appropriate.

The team had a scheduling system to make sure people received their compliance packs on time. It kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions issued by the GP surgery, and it reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs. But these records did not always include the date of the change and staff members relied on the date of last dispensing to approximate this. Descriptions for different medicines contained inside each compliance pack were included with them, which helped people to identify them.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and people received their medication on time. The pharmacy retained records of the requested prescriptions. This meant the team could effectively resolve queries if needed.

The pharmacy used baskets during the dispensing process to separate people's medicines and help organise its workload. The team left a protruding flap on medication stock cartons to signify they were part-used. This might be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, it quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Team members monitored and recorded the refrigerated medication storage temperatures. Records indicated that the team regularly checked medication stock expiry dates.

Records indicated when the pharmacy had delivered medication to people. It additionally recorded the recipient's identity for delivered CDs.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The team had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The pharmacy team kept the dispensary sink clean, and it had access to hot and cold running water and antibacterial hand-sanitiser. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The team had facilities that protected peoples' confidentiality. Computer systems were password protected and the pharmacy regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions securely.

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.