

Registered pharmacy inspection report

Pharmacy Name: Medicus Pharmacy, Office Suite 2.3, Second Floor,
Parkway House, Palatine Road, Manchester, Greater Manchester,
M22 4DB

Pharmacy reference: 9012081

Type of pharmacy: Internet / distance selling

Date of inspection: 27/02/2024

Pharmacy context

This distance-selling pharmacy occupies a unit in an office building. It serves both the local and national population. It mainly prepares NHS prescription medicines, and it manages people's repeat prescriptions. A large number of people receive their medicines in multi-compartment weekly compliance packs to help make sure they take them safely. The pharmacy is not accessible to the public and it delivers medicines to people's homes. The pharmacy has its own website, www.medicuspharmacy.co.uk where people can register to request the pharmacy to order and supply their NHS repeat prescriptions.

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 reasonably well. 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

Records indicated that the pharmacy's written procedures had been the regularly reviewed by superintendent pharmacist up until 2020. The superintendent confirmed that they also reviewed these procedures in March 2023. The procedures covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs), except for reporting CD incidents. So, the pharmacy may miss opportunities to access support and share learning from incidents. But the superintendent pharmacist agreed to address this. Records indicated that most of the pharmacy's team members had read and understood the procedures relevant to their roles and responsibilities, but some training records were missing. The RP, who was a managing director, stated that the remaining staff had read and signed these procedures.

The dispenser and checker initialled dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication it supplied and assisted with investigating and managing mistakes.

The pharmacy had written procedures for learning from mistakes. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose and reviewed them weekly. But the team did not always record the reason for each mistake. So, the pharmacy might miss additional learning opportunities to identify trends 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 displayed on the pharmacy's website explained how people could make a complaint. The pharmacy had not completed a patient survey since the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, as required by law.

Randomly selected CD registers indicated that the pharmacy kept records for CD transactions, but these records did not always include who collected the CD from the pharmacy, as required by law. The pharmacy's delivery driver usually collected these CDs, and the RP agreed to make sure this was recorded in future. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. One randomly selected running balance checked during the inspection was accurate. Records of CDs returned to the pharmacy for safe disposal were kept.

Team members had signed an agreement to maintain people's confidentiality. They had completed

training on protecting patient information, and they secured and destroyed confidential papers. Staff members each had their own security card used to access NHS electronic patient data, or they had applied for one, and they used passwords to access this information. The pharmacy displayed information about its privacy notice on its website.

The RP and the superintendent pharmacist had level three safeguarding accreditation. The pharmacy liaised with GP practices, residents, and managers of assisted living accommodation sites about the needs of people using the compliance pack service. This included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. But the pharmacy did not keep 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 special arrangements about who collected and when to supply their medication. 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, who was one of the regular pharmacists, and two dispensers. The pharmacy's other staff included the superintendent pharmacist, who provided cover three days each week, and a dispenser. The pharmacy also employed two delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. Members of the public did not visit the pharmacy for services, so the team did not have sudden increases in service demand or workload pressures. The pharmacy had reviewed its compliance pack and 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. Two of the dispensers managed the compliance pack service under the regular pharmacists' supervision.

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 the pharmacy's services and how to access them.

Inspector's evidence

The pharmacy was situated in a modern unit within an office building. The open-plan design provided enough space for the volume and nature of the pharmacy's service. And the pharmacy had a separate area for preparing compliance packs. It did not have a consultation room because people did not visit the premises. 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, superintendent pharmacist and owner details were displayed on its website. However, all this information was located at the bottom of the homepage, so people may not always be able to easily find it. The pharmacy's address was incorrect on the website, as it stated it was on the first floor, when it was on the second floor. People could verify the superintendent's and owner's identity via the website.

People registered via the pharmacy's website to allow it to supply their NHS prescription medication. The website stated that the pharmacy offered ear infection treatments via the NHS Pharmacy First service, when it was not contracted to provide this service. The superintendent pharmacist agreed to address this. The website carried general advice about a range of conditions and 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 9am to 1pm and 2pm to 6pm. The public could contact the pharmacy via telephone and email.

The pharmacy did not have any specific written procedures that covered the safe dispensing of higher risk medicines such as anti-coagulants, methotrexate, lithium, fentanyl patches or valproate. The superintendent pharmacist explained that the pharmacy team did complete additional checks when supplying high risk medicines to make sure people take them safely.

The team had recently checked for any people at risk who were prescribed valproate. Staff members had not read the latest MHRA guidance that they should check that two specialists had agreed valproate treatment for people at risk, and that they should receive an annual specialist review to reassess the need for valproate therapy and consider alternative treatment options. The RP agreed to address this. The pharmacy had the advice guides to give people at risk prescribed valproate, but staff members did not know to provide this guide with the first supply. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. Team members explained that they would provide these cards with every subsequent supply, and they only 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 full details such as the date of the change or who communicated the change. 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 issued medication administration record (MAR) sheets for people in assisted living accommodation to help support staff in administering medication to their residents. But the pharmacy did not have bespoke MAR sheets designed to support administering high risk medications or injections or body maps for external applications.

The pharmacy used baskets during the dispensing process to separate people's medicines and help organise its workload. The team permanently marked medication stock cartons to signify they were

part-used. This helped to make sure the pharmacy prepared and supplied the right medication quantity.

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 had checked the expiry dates for prescription medicine stock in March 2023 and October 2023 and January 2024, indicating that the pharmacy had regularly checked expiry dates over the last year.

The team had organised and separate dispatch areas for local and national medication deliveries. The local delivery dispatch area was organised according to the scheduled day and urgency of the delivery, which helped to prioritise supplies. The RP explained that the delivery drivers were trained to obtain the medication recipient's signature to help confirm secure delivery. However, records suggested that the drivers did not always obtain these signatures, which could make it harder for the pharmacy to resolve delivery queries.

The pharmacy used two external couriers to deliver the significant number of national supplies. Both couriers had a track and trace system, so the pharmacy could check that these couriers had safely and securely delivered medication. Both couriers delivered refrigerated, acute and urgent medication the day after collecting them from the pharmacy. The pharmacy had procedures and used special packaging to keep national refrigerated deliveries at the appropriate temperature.

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 pharmacy had the appropriate equipment for the vaccination services, including disposal facilities for sharps waste. 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.