

Registered pharmacy inspection report

Pharmacy Name: GPharmacy Direct, Unit 9, Queen Street, Golborne, Warrington, Greater Manchester, WA3 3AF

Pharmacy reference: 9012096

Type of pharmacy: Internet / distance selling

Date of inspection: 01/11/2023

Pharmacy context

People are not able to visit the pharmacy premises in person due to its contractual arrangements for NHS services. The pharmacy's services can be accessed remotely via its website gpharmacydirect.co.uk. The pharmacy is situated in a light industrial unit in Golborne, near Wigan. It dispenses NHS prescriptions and a few private prescriptions. It supplies some medicines in multi-compartment compliance aids to people to help them take their medicines at the right time.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy generally keeps the records it needs to by law. And the team knows how to keep private information safe. Members of the team discuss things that go wrong so that they can learn from them. But they do not keep records of mistakes, so they may miss some learning opportunities.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had been issued earlier in the year. Members of the pharmacy team said they had read the SOPs, but they had not signed them. So the pharmacy could not demonstrate that all of the procedures had been properly understood.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. A paper log was available to record near miss incidents, but none had been recorded. The superintendent (SI) explained that because the pharmacy had recently opened with a small team, any mistakes were discussed with team members on an individual basis. He gave examples of action which had been taken to help prevent similar mistakes. Such as moving painkillers into their own section to help prevent picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, a trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure available on the website. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked, and two were found to be incorrect. Subsequent to the inspection, the SI confirmed the registers had been corrected. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and members of the team said they had read it. When questioned, a dispenser was able to explain which information should be segregated into confidential waste for it to be removed by an external contractor. The pharmacy's privacy policy was available on the website. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. The trainee dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. The pharmacist provided informal training when an opportunity came about. But this was limited so members of the team may miss out on learning new skills.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the SI, a pharmacy technician, and three dispensers, one of whom was in training. Another dispenser had also been recruited and was due to start the following week. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The SI informally discussed current pharmacy issues with the team. For example, if there was a new medicine or pharmacy service. But there was no ongoing training programme in place and no plans for performance reviews for team members. So there may be limited opportunity for learning and development.

A dispenser explained how she would query an unexpected dose with the pharmacist, before contacting the prescriber to check if it was correct. Team members all felt they worked well together and were seen to assist one another with any queries they had. They discussed their work as part of a morning huddle. A communications diary was used to record important information for team members who were not present. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. They are clean, tidy and provide an appropriate environment for healthcare.

Inspector's evidence

The pharmacy was situated in a new light industrial unit. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using electric heaters. Lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities.

A small waiting room and a purpose-built consultation room were available. Although the pharmacy had not yet begun to offer any private face-to-face services. The space was clutter free with a desk, seating, adequate lighting, and a wash basin.

A website provided information about the services the pharmacy offered. It also had appropriate information about who was providing the pharmacy services, and details about the SI.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy takes steps to make its services accessible. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out checks to help make sure that they are in good condition.

Inspector's evidence

People used the pharmacy's website to find out information about the pharmacy and access its services. The website contained information about how to contact the pharmacy team and about the services it provided. Most people who used the pharmacy had found out about it from a leaflet or by word of mouth. The pharmacist routinely made home visits to give advice to people or demonstrate how to use their medicines correctly.

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. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

The pharmacy had information leaflets to provide to people taking high-risk medicines (such as warfarin, lithium, and methotrexate). And the pharmacist called people to provide counselling. But this was not recorded. So they may not always be able to show what was discussed in the event of a query or concern. Team members were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to provide when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But he had not recorded these conversations. So the pharmacy may not always be able to show they had taken place.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy completed an assessment to check their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a delivery service. Records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy had only been open for 20 weeks. The SI explained that due to this the team had not yet started a date checking programme. A spot check of medicines did not find any out-of-date stock. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and

maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed 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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and used in a way which helped to protect the privacy of others. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.