

# Registered pharmacy inspection report

**Pharmacy Name:** Your Village Pharmacy Health & Travel Clinic, 88 Church Street, Littleborough, Greater Manchester, OL15 8AU

**Pharmacy reference:** 9012175

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 04/06/2024

## Pharmacy context

This distance-selling pharmacy occupies a high street retail premises. It mainly serves the local population. It 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. People cannot visit the pharmacy to collect their medicine, so it delivers medicines to people's homes. It also provides the NHS New Medicine Service (NMS). The pharmacy has its own website, [www.yourvillagepharmacy.co.uk](http://www.yourvillagepharmacy.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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages its risks adequately. The pharmacy team has some written instructions to help make sure it prepares prescription medicines safely. It has provisions for recording and reviewing 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. But it did not have procedures covering home deliveries, the responsible pharmacist's (RP) absence and controlled drugs (CDs). The RP, who was the superintendent and regular pharmacist three days each week, stated that they would address this and ensure these procedures were implemented.

The patient medication record (PMR) system kept a record of the pharmacy team member who prepared and checked prescription medicines, which helped to clarify who was responsible for each medication they supplied. And this assisted with investigating and managing mistakes.

The pharmacy team had a system for recording mistakes it identified when preparing medicines. The RP could not recall any mistakes being reported to the pharmacy since it opened in November 2024. But it did not have any records that supported this or written procedures for addressing mistakes. This means the staff could miss additional opportunities to identify patterns and mitigate risks in the dispensing process.

Team members referred all complaints to the pharmacy's managing director, so staff members knew how to respond to any concerns. Information on the pharmacy's website explained how people could make a complaint, and the director monitored the website for complaints and feedback.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice. The pharmacy maintained the records required by law for the RP. A randomly selected CD register indicated that the pharmacy maintained records for any CD transactions. Records indicated that the team did not check the CD running balances regularly, which may delay it detecting discrepancies. Two randomly selected balances checked during the inspection were found to be accurate. The team kept a record of CDs returned to the pharmacy for safe disposal and NMS consultations.

Team members had read the pharmacy's confidentiality code of conduct and they completed training on protecting patient information and the General Data Protection Regulation (GDPR). They secured and destroyed any confidential papers. Staff members used passwords to access NHS electronic patient data and had their own security card or they had applied for one. The pharmacy recorded that it had obtained people's verbal consent when it completed NMS consultations over telephone.

All three regular pharmacists had level three safeguarding accreditation, but the delivery driver had not completed any safeguarding training. If people needed a compliance pack, the pharmacy liaised with GP practices and other pharmacies when required. 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 always 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 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. They have the qualifications and skills necessary for their roles or they are working towards obtaining them.

### Inspector's evidence

The staff present included the RP, who worked three days each week, and a trainee dispenser. The pharmacy's other staff included two locum pharmacists, who both worked one day each week, and a delivery driver.

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 rarely visited the pharmacy. So, the team usually did not experience sudden increases in service demand or workload pressures. The team did not have any official targets or incentives for the scale of services it provided.

The trainee dispenser, who started working at the pharmacy two months, was enrolled on a dispenser qualification course. The trainee confirmed that their training was progressing well, and that they obtained additional support and guidance from the RP when needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has private consultation rooms, so people can have confidential conversations with pharmacy team members and maintain their privacy. The pharmacy's website has basic information about the pharmacy, and how to access its NHS prescription medicine supply service.

### Inspector's evidence

The pharmacy was situated in a retail unit that was professional in appearance. Consultation room and dispensary fittings were suitably maintained. The open-plan dispensary and additional compliance pack area provided enough space for the scale and nature of the pharmacy's services.

The consultation rooms, which were located on the ground floor, were accessible from the front door. They could accommodate two people and were suitably equipped.

The dispensary was on the first floor of the premises. So, it was unlikely that people visiting the premises would view any confidential information. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

The pharmacy's address, contact telephone number, email address, the superintendent pharmacist's and pharmacy owner's details were displayed on the pharmacy's website. But the pharmacy's GPhC registration number and the RP's details were not displayed. The website did not clarify how people could verify the superintendent's and owner's GPhC registration status. One of the directors agreed to address these points.

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](http://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 9am to 5pm. The public could contact the pharmacy via telephone and email. There was step free access from front door to the consultation rooms on the ground floor.

The pharmacy did not have written procedures for that covered the safe dispensing of higher risk medicines such as anti-coagulants, methotrexate, lithium, fentanyl patches or valproate. But the RP agreed to implement procedures for dispensing these medicines.

The team had recently checked for any people at risk who were prescribed valproate and it supplied valproate sealed in the original packaging unless otherwise appropriate. 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 review the requirements with the team.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people usually received their medication on time. It made records of these requests, including the medication, which helped it to effectively resolve queries if needed.

The pharmacy had limited the compliance pack service to people who it assessed needed the service. This helped to keep the workload manageable. The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time.

The pharmacy kept communications about medication queries or changes for people using compliance packs. The compliance packs were labelled with a clear description of the medicines they contained, which helped people to identify each medicine.

The electronic patient medication record (PMR) system automatically copied the medication usage directions from NHS electronic prescriptions word for word onto the dispensing label. So, the team did not always notice when the system copied abbreviated directions on the prescription onto the dispensing label, which people may not understand. But the RP agreed to discuss this with the team to make sure this issue was corrected.

The pharmacist sometimes both prepared and checked prescription medicines alone when a team member was available to co-prepare medication and it was not urgent. This may unnecessarily increase the risk of a mistake.

The pharmacy appropriately managed difficulties obtaining prescription medicine stock to fulfil prescriptions. The team offered to return the prescription to the patient, or it consulted the GP to seek an alternative medication. These arrangements helped to make sure people maintained their

treatment. The pharmacy routinely gave people a written note for their owed medication, and it kept a record of this.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members left a protruding flap on medication stock cartons to signify it was 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. It suitably secured its CDs and quarantined its obsolete CDs and used kits for denaturing them. The team monitored medication stock refrigerator temperatures.

Staff members recalled that they had recently completed a full check of expiry dates on all the medicine stock, refrigerated stock medicines each week and CD stock each month since February 2024. However, the team did not keep records that confirmed this. The pharmacy marked short-dated stock to help make sure people received medication that could be used within its expiry date.

Records indicated when the pharmacy had delivered medication to people. It additionally recorded the delivery driver's details, but not whether the delivery driver requested proof of the recipient's identity or whether it was shown for supplied CDs. This could make it harder to resolve queries.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept corresponding records that confirmed this. It quarantined medicines waste away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

## 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 team kept the dispensary sink clean; it had hot and cold running water and an 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 members had access to the British National Formulary (BNF) online.

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.