

Registered pharmacy inspection report

Pharmacy Name: M44 Pharmacy, 544 Liverpool Road, Irlam, Manchester, Greater Manchester, M44 6AJ

Pharmacy reference: 9012266

Type of pharmacy: Internet / distance selling

Date of inspection: 05/08/2024

Pharmacy context

This is a distance-selling pharmacy operating from a retail unit on a shopping parade situated in a residential area. The pharmacy dispenses NHS prescriptions and some people receive their medicines in multi-compartment weekly compliance packs to help make sure they take them safely. The pharmacy delivers medicines to people in the local area. It has a website (<https://m44pharmacy.co.uk>) which provides information about the pharmacy.

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 members appropriately manage the risks associated with providing the pharmacy's services. They are clear about their roles and responsibilities and understand their role to help protect vulnerable people. Pharmacy team members have a process to record mistakes and learn from them, but this does not happen regularly so they may be missing opportunities to make their services safer.

Inspector's evidence

The pharmacy opened around six months ago. It had a set of standard operating procedures (SOPs) in the dispensary which all members of the team had signed and dated to confirm they had read and understood. The SOPs had been recently prepared as the pharmacy had only opened recently within the last year. The superintendent (SI) explained that he intended to review SOPs periodically or sooner if an incident occurs.

The SOPs defined the team members' roles and responsibilities. Team members explained their main responsibilities and worked with their capabilities. The responsible pharmacist (RP) notice was visible and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and discussed mistakes during the dispensing process. This included mistakes which had been identified before the medicines had been supplied to a person (near misses). And those where a mistake had happened, and the medicines had reached a person (dispensing error). The pharmacy had some evidence of documenting near misses although this was not regularly done. Team members described actions they had taken following mistakes, such as using warning stickers for medicines that looked alike or had similar names to prevent the wrong medicines from being selected.

The pharmacy had a documented procedure to manage complaints and for reporting. The pharmacy team members clearly understood how to deal with people's feedback. There was also a section on the website to inform people how to provide feedback or complain. The dispenser described how they would try and resolve the complaint and if they couldn't do so over the phone, they would signpost people by giving them the superintendent's contact details.

The pharmacy had up-to date professional indemnity insurance. It maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. The pharmacy kept running balances in all the CD registers, and these were audited against the physical stock on a periodic basis. The balances of three CDs when checked against the physical stock and were found to be correct. Records about private prescriptions and emergency supplies were held physically in date order. The pharmacy retained unlicensed specials invoices and the certificate of conformity; team members recorded the details of the prescriber and the person receiving the medicine. The pharmacy had information governance policies and team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. The RP had completed level 3 safeguarding training and the pharmacy dispenser had completed level 2 safeguarding training.

Although they had not had to report a safeguarding concern, pharmacy team members clearly explained different key safeguarding scenarios and how they would report them. Details for local support agencies were available so concerns could be reported promptly.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team. Team members work well together to manage the workload. They have the right qualifications and training for the jobs they do, and they are comfortable sharing ideas and concerns.

Inspector's evidence

The pharmacy team consisted of a pharmacist who was also the superintendent (SI), a trained pharmacy dispenser and a delivery driver. The pharmacy dispenser was experienced and qualified from a previous dispenser role in another pharmacy. The team were able to complete key tasks and there was no excessive backlog with dispensing prescriptions. So the workload was manageable and there were enough staff to ensure the pharmacy ran safely and effectively. The pharmacy dispenser and pharmacist appeared to work well together and had a good rapport. The pharmacy dispenser explained she felt supported in her role.

And was able to make suggestions and seek support from the pharmacist when needed. She confirmed she felt able to communicate any learning needs she had to the pharmacist.

The pharmacy team members were up to date with their training. Appraisals were planned to be conducted once a year and regular informal huddles occurred to communicate the latest and relevant information. The pharmacy had targets in place, and team members worked towards them and did not feel they were pressured in achieving them. The team members were aware of the whistleblowing policy and knew what to do in the event of needing to raise a concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises offers a clean, secure and professional environment for the services provided. The pharmacy has a logical workflow and sufficient space for team members to work safely. Its website contains useful information about the pharmacy and its services.

Inspector's evidence

The pharmacy premises consisted of a small dispensary with a consultation room. It was not open to the public for visiting. The pharmacy appeared clean, hygienic and well maintained. There were separate work stations for preparing medicines and dispensing. And there appeared to be a logical flow to the workspace. There was hot and cold running water with soap available. And a separate area for the preparation of medicines requiring reconstitution. Information relating to people using the pharmacy was stored appropriately and securely. There were toilets with a sink which provided hot and cold running water and other facilities for hand washing. The staff facilities area was clean and there was a sink providing hot and cold water. The levels of ventilation and lighting were seen to be appropriate.

The pharmacy had a website for people to use to access information about the range of services on offer and learn about a range of health conditions. The website displayed the required information of the name of the SI, the address and contact details of the pharmacy, how to raise a complaint and associated registration numbers of the pharmacy and the SI.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy makes its services accessible for people. And it manages and delivers its services safely and effectively. Team members give advice and provide written information to help meet people's healthcare needs. They source medicines appropriately. And they store and manage them properly.

Inspector's evidence

People could not visit the pharmacy in person. They could access the pharmacy team and pharmacy services through use of a telephone number and a website. The website contained details of pharmacy services available, details on how to contact the pharmacy team, opening hours and how to raise a complaint. Local GP surgeries contacted the pharmacy using secure NHS email or telephone.

The pharmacy offered a range of services including delivery of medicines, providing multi-compartment compliance packs to people who need them, repeat prescription service and the New Medicines Service (NMS). These were advertised on the pharmacy's website with details on how to request such services.

The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up.

The pharmacy supplied medicines in multi-compartment compliance packs to around 30 people. One of the dispensers held the responsibility for ordering people's prescriptions. She ordered the prescriptions in advance to allow time to resolve queries and dispense the medication. The pharmacy attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And on their electronic PMR. There was a home delivery service with an associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy team kept higher-risk medicines such as methotrexate in a separate area in the dispensary. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme and would highlight any people who might need additional information to the pharmacist. The pharmacist counselled people receiving prescriptions for valproate if appropriate and they checked if the person was aware of the risks if they became pregnant while taking the medicine. The pharmacy team asked people who received warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials manufacturers. Medicine stock for dispensing was generally stored in an orderly fashion in the dispensary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It kept out-of-date and patient-returned CDs separate from in-date stock. The pharmacy stored its CDs securely. Pharmacy team members checked medicine expiry dates periodically, but it was not documented, so there was a risk that some parts of the pharmacy might be missed. Liquid medicines were annotated with the date opened. No out-of-date medicines were found after a random check of around 30 randomly selected medicines. The team monitored the minimum and maximum temperature of the medicine's fridge daily and the records seen were within acceptable limits.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The RP said they would action any alerts and inform staff if any actions were needed. There was a clear audit trail of the alerts being actioned and they were up to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment properly to help protect people's confidentiality.

Inspector's evidence

The pharmacy had a range of validated measuring cylinders for measuring liquid medicines. These were cleaned after use and stored appropriately. There were tablet counters available and separate equipment was used for cytotoxic and non-cytotoxic medicines. The pharmacy team had access to appropriate, up to-date reference sources online and via mobile apps to help them with their roles, including the BNF and BNF for Children. The pharmacy had internet access. And the single computer terminal in the pharmacy was sufficient for the current workload to be completed safely. The pharmacy had a telephone to answer calls from people using the pharmacy. NHS smartcards were used by people to whom they belonged.

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.