General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mediland Pharmacy, Unit 2 Central Square, High Street, Erdington, Birmingham, West Midlands, B23 6RY

Pharmacy reference: 9012295

Type of pharmacy: Internet / distance selling

Date of inspection: 06/06/2024

Pharmacy context

This is a distance selling pharmacy which offers services to people through its website www.medilandpharmacy.co.uk. The pharmacy first opened in January 2024, and it mainly supplies NHS prescriptions directly to care homes. It is not open to members of the public, so it delivers medicines directly to care homes and people's homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 effectively identifies and manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback from care homes, and it uses this to make improvements to its services. Members of the pharmacy team follow written procedures to make sure they work safely. And team members understand their role in protecting vulnerable people, and they keep people's personal information safe.

Inspector's evidence

The pharmacy first opened in January 2024. It has an NHS distance selling contract. A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been created by the superintendent (SI) in preparation for opening and they were due to be reviewed in January 2025. Signature sheets were used to record staff training on the SOPs, and roles and responsibilities were highlighted within the SOPs.

A near miss log was available and some near misses had been recorded. The SI thought that some additional near misses that had been discussed but not recorded and this was something that the team had agreed to work on. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the wider team. The SI was not aware of any dispensing incidents but knew what process to follow if one was reported.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser correctly answered hypothetical questions related to responsible pharmacist absence correctly.

The pharmacy's contact details were available on its website and the pharmacy's directors had supplied direct contact details to the care homes. The pharmacy's complaints procedure was explained within the terms and conditions section of the website. The directors contacted the care homes regularly to ensure their needs were being met. The pharmacy had started were delivering monthly prescriptions to care homes at a specific time of day based on feedback from the homes.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The SI had completed level 2 safeguarding training, and the pharmacy team demonstrated that they understood what safeguarding meant.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), a trained dispensing assistant, and two trainee dispensing assistants. The SI and the trained dispensing assistant were both directors of the company which owned the pharmacy. The other two company directors were not involved with the day-to-day running of the pharmacy. Home deliveries were carried out by the dispensing assistants. The SI reported that she was comfortable with the current staffing levels and the pharmacy had recently recruited one of the trainee dispensing assistants as the business had continued to grow steadily.

Annual leave was requested in advance and the team had agreed that a maximum number of people could be off at any one time. Annual leave was managed by the dispensing assistant, and he arranged any changes to the rota when people were on holiday. The pharmacy team members worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with any of the other team members and felt that the SI and dispensing assistant were responsive to feedback. Team members said that they would speak to other members of the team, or GPhC if they ever felt unable to raise an issue internally. Targets for professional services were not set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of healthcare services. The pharmacy's website provides clear and accurate information.

Inspector's evidence

The website www.medilandpharmacy.co.uk promoted the pharmacy business and the services available. The address, telephone number and superintendent details were displayed. The website contained a section for advice, but this had not been populated. The links listed in the 'useful links' section, such as NHS Choices, Patient UK and Pharmacy Regulation were not active which could be confusing for people trying to access further information via the website. Some general sales list medicines and toiletries were available for members of the public to purchase on the website although no sales had been made.

The pharmacy was situated in a business unit, and it was not open to the public. The temperature and lighting were adequately controlled. Staff had access to a communal kitchen area and WCs with wash hand basins. The premises were clean and tidy with no slip or trip hazards evident. Cleaning was undertaken by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap.

The dispensary was large, and an efficient workflow was seen to be in place. There was also a large upstairs area that could be used for storage or dispensing as the business grew. Dispensing and checking activities took place in separate areas of the dispensary.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team effectively supports care home providers to manage their medicines appropriately.

Inspector's evidence

The pharmacy services could be accessed via the telephone and e-mail. Most prescriptions were dispensed as monthly or acute supplies for the care homes that the pharmacy had partnered with. The pharmacy team members were clear about what services were offered and how to signpost people to elsewhere. Whilst the pharmacy services were available to people across the UK, there was very little demand, and most medicines were delivered locally by the pharmacy team. Delivery records were kept recording how many bags had been delivered for each of the care home residents. These were signed by the recipient, and separate records were maintained for controlled drugs. There were delivery companies available for deliveries outside of the area, but they were yet to be used.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate during pregnancy, and the need for additional counselling and original pack dispensing. The care homes that the pharmacy supplied medicines to were for older adults, so they did not meet the criteria for the valproate Pregnancy Prevention Programme (PPP).

The pharmacy team had grown the business through partnering with care homes to dispense their monthly and acute prescriptions. Various pieces of equipment were supplied to the homes by the pharmacy, dependent on their requirements. Training was provided to the care home staff by the SI and dispensing assistant, and medication audits were available on request. The pharmacy was actively trying to recruit more care homes at a steady pace so that meant the additional workload could be managed. The NHS New Medicine Service was available, and the SI carried out the service by speaking to the nurse that looked after the patient.

Audit trails were in place for each of the homes and the processes for ordering, dispensing and delivering were explained by the SI. The pharmacy team identified missing items, medication changes or missing prescriptions during the labelling process and emailed the care home with a list of queries. Acute prescriptions were dispensed for local care homes. The team aimed to delivery acute medicines on the same day as the prescription was received, and contacted the care home if this was not possible and to discuss alternate options. The care homes that were further away from the pharmacy had their acute prescriptions dispensed at a pharmacy closer to them to avoid delays in the medicine being available for the patient.

Medicines were obtained from a range of licenced wholesalers. A random sample of dispensary stock

was checked, and all the medicines were found to be in date. Date checking records were maintained and medication was proactively removed prior to its expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Drug recalls were received electronically and checked by the pharmacy team.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people’s information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children’s BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

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.