

Registered pharmacy inspection report

Pharmacy Name: Medking, Unit 2, 2 Oaktree Rise, Codsall,
Wolverhampton, Staffordshire, WV8 1DP

Pharmacy reference: 9012331

Type of pharmacy: Internet / distance selling

Date of inspection: 28/08/2024

Pharmacy context

This is a distance selling pharmacy which primarily offers services to people through its website www.medking.co.uk. The pharmacy first opened in February 2024. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. It is not open to members of the public without an appointment, so it delivers medicines directly to people's homes.

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 generally manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

The pharmacy first opened in February 2024. It had 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 majority of the SOPs had been created as part of the NHS contract application and were quite generic in content with only a basic level of detail. The pharmacy team had started to create more tailored working documents that contained step by step explanations for some of the main services. These had not yet been approved by the superintendent (SI). Team members were testing whether the documents reflected how they worked before they asked the SI to approve them for use. Signature sheets were used to record staff training on the SOPs, and roles and responsibilities were highlighted within the SOPs.

The pharmacy's computer system utilised barcode and quick response (QR) code technology to assist with the accuracy of the dispensing process. Each member of the team had an individual log-in for the patient medication record (PMR) system which provided an audit trail. The barcode on the selected medicine was scanned during dispensing and the system only printed off a dispensing label if the medication scanned was correct. A clear warning message was displayed on the screen if it was incorrect. Management information showed whether the pharmacy team members were complying with the process and their dispensing accuracy. There were agreed processes for split packs, packs without barcodes and certain medicines that the team had identified as high-risk, although these were not documented in the SOPs.

The pharmacy team were not aware of any formal risk assessments that had been carried out in relation to the pharmacy's services. This was discussed during the inspection and some examples of areas requiring risk assessments were identified. The team members agreed this was something they would discuss together with the SI and regular pharmacists, and they understood they should be made aware of risk assessments and have access to them for reference.

A pharmacist had undertaken an audit for the NHS Pharmacy First service which had focused on the outcome of the referral from the surgery. The audit had created a list of consultations that had resulted in the patient being referred back to their surgery as they were not eligible for the service and the reason why. This audit was repeated monthly, and the outcome of the audits had been shared with key staff members at the relevant surgeries as a learning tool to try and reduce any inconvenience or delay to people receiving treatment.

People could contact the pharmacy in various ways, such as, telephone, email, and by using an online

form. Contact details and the pharmacy's complaints policy were advertised on the website. Positive reviews had been left on Google from people that had used the pharmacy. The pharmacy team members reported that they had received compliments from members of the public about the speed of the service. They gave an example of a person ordering a prescription from their surgery in the morning and the completed prescription being delivered on the same day.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. They had a clear understanding of the process to follow if they were made aware of a dispensing error. A dispenser correctly answered hypothetical questions related to responsible pharmacist absence.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was not on display at the start of the inspection, but this was promptly rectified. The RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Audit trails for home deliveries were maintained using a smartphone app.

Confidential waste was stored separately from general waste and destroyed securely. The privacy policy was displayed on the website and various data protection policies were available in a clearly labelled folder. The pharmacy team members had their own NHS Smartcards and log in details for the computer systems. The RP had completed level 3 safeguarding training, and the pharmacy team members 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 support team comprised of the two regular part-time pharmacists, two dispensing assistants, and a home delivery driver. The two regular pharmacists worked as the RP and covered the opening hours between them. The superintendent, who was a company director, and another pharmacist supported the pharmacy team by promoting the pharmacy's services with local surgeries and developing new services, such as the blood pressure service. The pharmacy also had a business development manager who was a company director. They were based at the pharmacy to support the team with administrative tasks as well as management duties and service development. The development manager reported that the staffing levels had been constantly reviewed by the company directors. They felt that they had enough support staff as they had employed an additional staff members as the business had grown.

Holidays were co-ordinated by the business development manager and they checked that no-one else had already booked the same week before approving the request. Cover was provided by other staff members as required. For example, the dispensing assistant did not offer off-site blood pressure testing when the other dispensing assistant was on holiday so she could be at the pharmacy during that time. The dispensing assistants had completed accredited training and training needs were identified to align with new services. One of the dispensing assistants was enrolled on a level three training course. As the pharmacy had only recently opened, the team were part way through their induction period and had regular reviews with their line manager. The delivery driver had not been enrolled on a training course, but the development manager agreed to enrol him on a relevant course shortly after the inspection.

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 development manager 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.

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.medking.co.uk promoted the pharmacy business and the services available. The website contained details of the pharmacy such as the name of the SI, the premises address, the services offered, some health advice information and useful links, the complaints procedure and contact details for the pharmacy. The pharmacy did not sell any medicines online.

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to local contractors or the landlord dependent on what the problem was. 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 available. The pharmacy was heated using central heating and it felt comfortable during the inspection. Lighting was adequate for the pharmacy services offered. Prepared medicines were held securely within the pharmacy premises.

The premises was an ample size for the services provided and an efficient workflow was seen to be in place. Around half of the premises was empty and the team planned to install temporary partitions and use the area as a covid and flu vaccination clinic.

Dispensing and checking activities took place on separate areas of the dispensary. Additional work benches had been installed to store the large baskets required for bulk prescriptions, such as dressings, and as work bench space for dispensing compliance pack trays. A separate office was available for carrying out NHS Pharmacy First video calls privately and for face-to-face services such as ear wax removal.

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.

Inspector's evidence

The pharmacy had an NHS distance selling contract, so members of the public did not access the pharmacy premises to collect their prescriptions. The pharmacy services could be accessed via telephone and e-mail. Whilst the pharmacy services were available to people across the UK, there was very little demand from outside of the local area, so medicines were usually delivered directly to people by the pharmacy's driver. Royal Mail was used to deliver prescriptions to people outside of the usual delivery areas.

The dispensing process had been designed using the in-built safety measures that the PMR system provided. The PMR system had been selected for these additional checks and because it helped the team to manage the workflow. Every prescription was clinically checked by a pharmacist before it was released for dispensing. The dispenser used a 'picking note' and the prescription form to gather the medication required in a basket, scanned the barcode on the picking note and then scanned the barcodes on each of the medicine boxes. The PMR system printed off medication labels if the item had been scanned correctly, and a warning message was displayed if an item was incorrect. There were additional steps if the medicine being supplied was not a full pack, it did not have a barcode, or was on a list of medicines that the team had identified as being 'high-risk' and required an additional check by the pharmacist before it could be bagged. Prescription items were dispensed into baskets to ensure prescriptions were not mixed up together. There was a quick response (QR) code on the dispensing label and the computer system recorded which member of the team had been involved in each stage, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate for people at-risk, and the need for additional counselling and original pack dispensing. People were telephoned in advance of their delivery being added to the delivery schedule to ensure they were home to receive the delivery. The pharmacy team members used that as an opportunity to counsel people about their prescription and inform them if part of their prescription was owing to them.

The pharmacy offered the NHS Hypertension Case-Finding Service in conjunction with four local surgeries. A dispensing assistant visited each surgery once a week and the surgery booked appointments for people to have their blood pressure taken. The dispensing assistant used the information in the NHS service specification to identify when people needed to be urgently referred and they were referred to the duty GP or pharmacist at the surgery. Arrangements were made for people to be provided with a 24-hour blood pressure machine if that was required. The pharmacy claimed for payment for the service through PharmOutcomes. The SI confirmed on 9 September 2024 that the pharmacy had been granted permission from the service commissioners to carry out the service in the GP surgeries.

The pharmacy participated in the NHS Pharmacy First scheme and a local minor ailment scheme. The pharmacist telephoned people that had been referred to the service from the surgery and carried out some screening questions. They provided advice and could offer treatment under the minor ailment scheme or the clinical pathway scheme or referred the person back to their GP. There were facilities for secure video consultations to take place in the office, and for people to send photographs of skin conditions. As referrals were from the local surgeries, the delivery driver or business development manager were able to deliver medicines to people with reasonable promptness.

The team offered an informal service supplying dressings and supplies for lymphoedema patients in response to requests from practice nurses at some local surgeries. The team explained that the nurses had complained of delays in getting prescriptions for lymphoedema dressings. The pharmacy had set up an account with a specialist wholesaler so that they had access to a wide range of dressings and supplies. Prescriptions were delivered to the relevant surgery for onward supply to the patient.

Multi-compartment compliance packs were used to supply medicines for some patients. The PMR was used to manage the ordering process so that prescriptions were available at the pharmacy with ample time for the pharmacy team to assemble the packs. Each person had a record on their PMR that showed what medication they were taking and when it should be packed. The pharmacy team used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. The pharmacy did not carry out a formal suitability assessment when they had a request for a new compliance pack. The benefits of suitability assessments were discussed, and the team agreed to review this after the inspection.

Medicines were obtained from a range of licenced wholesalers. A random sample of dispensary stock was checked, and all 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 CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were 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.