

Registered pharmacy inspection report

Pharmacy Name: Openshaw Internet Pharmacy, 3 Croft Street,
Manchester, Greater Manchester, M11 4RQ

Pharmacy reference: 9012419

Type of pharmacy: Internet / distance selling

Date of inspection: 20/11/2024

Pharmacy context

This is a pharmacy situated in Openshaw, Manchester. It has a contract to provide NHS dispensing services at a distance. Some of NHS services were provided in-person, such as the NHS Pharmacy First scheme. The pharmacy supplies medicines in multi-compartment compliance packs to some 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 them to provide services effectively. And they know how to keep people's information safe. The pharmacy generally keeps the necessary records as required by law. Members of the team discuss and record when things go wrong. And they review the records to help identify further learning opportunities.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which were issued in July 2024. Members of the pharmacy team had signed training sheets to show they had read and understood the procedures.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the subsequent learning outcomes. Near miss incidents were recorded on a paper log. Each month the pharmacist reviewed the log to look for common errors and this was recorded. But the learning points which had been identified from the review was limited to reminding members of the team not to rush, and this learning had repeated for the past three months. So the pharmacy may not be able to show the process was effective in identifying improvements to its services.

The roles and responsibilities for members of the team were documented within the SOPs. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display, and the correct RP details were on the website. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by a member of the team. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Controlled drug (CD) registers appeared to be in order. Running balances were routinely recorded and checked on a frequent basis. Two CD balances were checked, and both were accurate.

An information governance procedure was available. When questioned, a dispenser described how confidential information was separated for it to be destroyed using a shredder. A privacy notice was available on the website describing how confidential information was stored and handled by the pharmacy. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding team were on display in the dispensary, and team members had downloaded the NHS safeguarding mobile application. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included three pharmacists, one of whom was the manager, a dispenser and a delivery driver. All members of the pharmacy team were appropriately trained. The workload appeared to be well managed. In the event of absences, the pharmacist would arrange for a second pharmacist to provide cover to assist with the workload.

Members of the pharmacy team felt well supported by the pharmacists. The team had recently undertaken training for the new patient medication record software (PMR). The pharmacy had not yet researched learning packages for members of the team. So the pharmacy was unable to demonstrate whether the team's learning needs were being met. When questioned, a dispenser provided an example of a clinical query which they would refer to a pharmacist.

Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI or a director of the company. There were no targets for professional based services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of electric heaters and lighting was sufficient. Team members had access to a kitchenette and WC facilities. People could not view into the pharmacy due to a privacy film that was installed, which helped to protect confidentiality.

A consultation room was available. The space was clutter free with a computer, desk, and seating. The pharmacy had a website which stated its location, who owned the pharmacy, and the superintendent details. The website contained information about the pharmacy's services. There was no sales of medicines conducted through the website.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them effectively. It gets its medicines from licensed sources, stores them appropriately and carries out some checks to help make sure that they are in good condition. But members of the pharmacy team do not always make a record when they are providing counselling advice to ensure people receive continuity in their care.

Inspector's evidence

The pharmacy had a website which provided information about how people could contact the pharmacy and access its services. Details of the telephone number, email address and opening hours were displayed on the website.

The pharmacy used a patient medication record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow was for a pharmacist to complete a clinical check of each prescription. The prescription was then released to the dispensing team, who picked the stock and scanned each box of medication using the PMR system. If the medication matched the prescription, a dispensing label would print, and the dispenser affixed this to the box. If it did not match the dispenser amended the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD or a split pack. The PMR system kept an audit trail of who carried out each stage of the process.

Stickers were attached to identify when fridge or CD safe storage items needed to be added. They were also used to remind members of the team about the presence of 28-day prescriptions for schedule 3 or 4 CDs. The pharmacist telephoned people who were taking higher-risk medicines (such as warfarin, lithium, and methotrexate) to provide counselling advice. But details about this were not recorded to help with the continuity of people's care. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply full packs. Educational material and counselling advice was provided with these medicines. But the team were not aware of the counselling required for topiramate. The pharmacist acknowledged the importance of this and would convey the drug safety update to members of the team.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack, the team referred people to their GP for an assessment about the person's suitability. A record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were supplied with patient information leaflets (PILs) and medication descriptions.

All deliveries had been completed using the pharmacy's own delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. If necessary, the pharmacy would send national deliveries using a Royal Mail tracked service, but they had not yet needed to do so.

Medicines were obtained from licensed wholesalers. The pharmacy had an account with a specials

manufacturer if they required to source an unlicensed medicine, but they had not yet needed to do so. The pharmacy had not yet begun to undertake a date checking programme. The pharmacist provided evidence of reviewing a date checking template so that it could be adopted for the date checking process to begin. The pharmacist acknowledged the importance of beginning this process. However, a spot check did not find any out-of-date stock. And liquid medication had the date of opening written onto the bottle.

Controlled drugs were stored in a CD cabinet. There was a fridge which was equipped with a thermometer. The minimum and maximum temperatures were recorded daily, and the records showed it had been within the required range for the three months. Patient returned medication was disposed of in designated bins. Drug alerts were received from MHRA by email. The alerts were printed, with details recorded of who had actioned the alerts, and when.

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 keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed 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. There was a selection of liquid measures with British Standard and Crown marks. Equipment appeared clean.

Computers were password protected and screens were positioned so that they weren't visible by external delivery drivers. 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.