

# Registered pharmacy inspection report

**Pharmacy Name:** Delivery Pharmacy, 25 Coton Road (Second Floor),  
NUNEATON, Warwickshire, CV11 5TW

**Pharmacy reference:** 1098223

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

**Date of inspection:** 14/10/2020

## Pharmacy context

This is a distance selling pharmacy located in Nuneaton, Warwickshire. It dispenses NHS prescriptions predominantly to residents living in a care home and in sheltered housing. And it also supplies medicines in multi-compartment compliance packs to a small number of people living at home. The pharmacy is closed to the public and medicines are delivered to people by delivery drivers. The inspection was undertaken during the Covid-19 pandemic.

## 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 identifies and manages the risks associated with its services adequately. It keeps the records it needs to by law to show that medicines are supplied safely and legally. Members of the pharmacy team protect people's personal information appropriately. And they know how to respond to any concerns about vulnerable people.

### Inspector's evidence

The pharmacy had a set of current standard operating procedures (SOPs) and these had been read and signed by team members. The responsible pharmacist (RP) explained how team members would record any mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and reviewed periodically to identify any emerging trends.

All dispensing incidents were discussed during weekly team meetings to identify any learning points. And the RP said, these were acted on to prevent similar events from happening again. Caution stickers were placed on the shelves highlighting look-alike and sound-alike (LASA) medicines. But it was noted from the near miss records presented to the inspector, some near misses kept on appearing each month. For example, a near miss involving amlodipine and amitriptyline re-appeared frequently, indicating that the review process and the actions taken to prevent recurrence were not robust enough. Mistakes that had reached patients (dispensing errors) were reported on an on-line form to the National Reporting and Learning System. The form was also copied to the superintendent pharmacist (SI). The RP was able to demonstrate the process but there hadn't been any recent dispensing errors that had occurred in the pharmacy. Members of the pharmacy team were able to describe what action they would take in the absence of the RP and were clear about the tasks that could not be undertaken in such situations.

At the start of the inspection, there were three different RP notices on display. This was pointed out to the RP in charge and a correct RP notice was subsequently displayed. The RP records were complete and kept in line with requirements. The pharmacy's controlled drug (CD) registers were kept in accordance with statutory requirements, with running balances checked regularly. A random check of the quantity of a CD in the cabinet matched the recorded balance in the register. The pharmacy had current indemnity insurance in place for the services it provided. The results of the 2018-2019 Community Patient Questionnaire (CPPQ) were available on the nhs.uk website. The results were generally positive and 100% of the respondents were satisfied overall with the services provided by the pharmacy.

Members of the pharmacy team used their own NHS smart cards to download electronic prescriptions. And the pharmacy's confidential waste was separated from general waste and shredded on site. The RP confirmed that she had completed a Level 2 safeguarding course and the dispensers had completed a Level 1 safeguarding course. Local details to escalate any safeguarding concerns were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload safely. And they have access to training resources to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of the inspection there was one regular pharmacist, one dispenser and a trainee dispenser. The superintendent pharmacist was working in the pharmacy downstairs. The team members were working well together and coping with their workload adequately. Members of the pharmacy team had enough supplies of personal protective equipment available. The RP said that as this was a closed pharmacy, they were not exposed to any additional risks from Covid-19 infections from people visiting the pharmacy. And team members would wear face masks where appropriate.

The RP said that she felt comfortable about making suggestions or raising concerns with the superintendent pharmacist. Prior to the pandemic, members of the pharmacy team had received and had completed on-going training from various sources including from an on-line provider. But team members explained that due to heavy workload, very little on-going training had been undertaken recently. There were no specific targets or incentives set for members of the pharmacy team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the services it provides. But its overall organisation and tidiness could be improved.

### Inspector's evidence

The distance selling pharmacy was closed to the public and it was located on the first floor of a building that had a community pharmacy from the same company operating on the ground floor. The distance selling pharmacy consisted of a small room where the majority of the dispensing took place. Adjacent to that was an office space and an area where stock medicines for both pharmacies were held. There was just about adequate space to dispense prescriptions safely. But the whole area was very cluttered. And stock medicines were not tidily organised. This could reduce the efficiency of the dispensing process and may increase the risk of errors. The carpet was littered with rubbish and appeared very dusty. The state of the premises was discussed with the SI during the inspection. The SI agreed that the premises could be tidier and provided assurances that this would be addressed at the weekend when the pharmacy was normally closed.

There was adequate lighting throughout the premises. There was no dispensary sink fitted in the pharmacy. Members of the pharmacy team said that they hardly ever saw any prescriptions requiring reconstitution. The team had access to the sink in the pharmacy downstairs if needed. Team members had access to adequate hygiene, hand washing facilities and hand sanitisers. Access into the pharmacy was restricted by key-coded entry.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services safely. It gets its medicines from licensed wholesalers and it takes the right action in response to safety alerts and recalls. But the pharmacy could do more to make sure that its stock medicines are well organised, stored appropriately and its date checking procedures are robust.

### Inspector's evidence

The pharmacy's services were accessible remotely via the internet, fax or telephone. Its current activity was predominantly dispensing NHS prescriptions to care homes and to residents living in sheltered accommodation. The pharmacy's on-line retail sales were fulfilled on their behalf by H I Weldricks Ltd and an EU-wide internet logo was displayed on the pharmacy's website. The pharmacy's opening times and information about the services it provided were posted on its website. The website also included information about the complaints procedure and how people could provide feedback about the quality of services received from the pharmacy. The pharmacy did not have a consultation room as it did not see patients face to face and it did not provide any advanced services.

The pharmacy had not implemented any social distancing measures on site as it was not interacting with members of the public. It had enough supplies of personal protective equipment (PPE) and PPE had been issued to the delivery driver. Members of the pharmacy team were wearing face masks at the time of the inspection. The pharmacy offered a delivery service. And due to the pandemic, the delivery driver was not obtaining signatures from the recipients. But a delivery record sheet was kept for the delivery of all medicines to provide an audit trail.

Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to provide an audit trail when the prescriptions could not be fully supplied. The workflow in the pharmacy was adequately organised. Repeat prescriptions for patients were mostly ordered by the care home. The RP said that the pharmacy was authorised by GPs to order repeat prescriptions for vulnerable patients. Most prescriptions were received electronically and cross-checked with individual record sheets to ensure all items prescribed were current and accurate. And any changes to the person's regime were documented to keep an audit trail. A completed multi-compartment compliance pack checked during the inspection included patient information leaflets, descriptions of individual medicines contained within it and the initials of the team members involved in the assembly and checking of these items. Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme and knew about providing additional advice and warning cards to people in the at-risk group. An aide-memoire was on display in the pharmacy to remind the team to supply appropriate literature and warning cards when supplying valproate to people in the at-risk group.

The pharmacy ordered its medicines and medical devices from licensed wholesalers. But these were not tidily organised on the shelves. A small medical refrigerator in the pharmacy was equipped with an in-built thermometer. The fridge's maximum and minimum temperatures were recorded daily. And although the records showed that the temperatures had remained within the required range of 2 and 8 degrees Celsius, the fridge felt quite warm. The fridge was quite full, and the medicines contained within it were stored haphazardly. This was raised with the SI during the inspection and assurances

were given that a new fridge would be ordered straightaway. There was a date checking system in the pharmacy and members of the pharmacy team said that short-dated medicines were marked and removed at an appropriate time. There was evidence to show that some expired stock had been removed and disposed of in designated containers. However, there were quite a few date-expired loose insulin pens found in the medicines fridge. All CDs were stored in line with legal requirements.

Members of the pharmacy team were aware of the European Falsified Medicines Directive (FMD) and the relevant equipment and software was in place. But the RP said that due to heavy workload members of the pharmacy team were not always able to comply with the decommissioning process. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team were kept in a folder, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the appropriate equipment and adequate facilities to provide the pharmacy's services safely.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and confidential waste was appropriately managed. All other electrical equipment appeared to be in good working order. Equipment for counting loose tablets was available and a separate counting equipment was reserved for cytotoxic medicines to prevent cross-contamination.

### 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.