

# Registered pharmacy inspection report

**Pharmacy Name:** Automeds Pharmacy, Unit 45, Wessex Trade Centre, Ringwood Road, POOLE, Dorset, BH12 3PG

**Pharmacy reference:** 1103205

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

**Date of inspection:** 30/06/2022

## Pharmacy context

This is a closed pharmacy located in an industrial estate in Poole, Dorset. It provides pharmacy services to care homes across the county. The pharmacy is able to provide medicines in multi-compartment compliance aids and as well as the supply of medicines, they provide a New Medicines Service and a delivery service.

## 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

Generally, the pharmacy has adequate procedures to identify risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy keeps records in the way that it should, and it protects people's private information. The pharmacy's team members understand their role in helping to protect the safety of vulnerable people.

### Inspector's evidence

There were a range of policies in place which were held electronically, including standard operating procedures (SOPs). These were reviewed every two years or when there were any changes in the pharmacy's practise. They covered the relevant GPhC activity and requirements, including responsible pharmacist (RP) regulations. Pharmacy staff had read through these and confirmed they agreed to adopt them. The role of the responsible pharmacist was outlined in the SOPs and so responsibilities and lines of accountability were clear. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. The pharmacy also had video tutorials showing how to complete some tasks. Appropriate professional indemnity insurance was in place.

The pharmacy had processes in place to identify, record and learn from mistakes on their Titan electronic system. All errors would be reported on an electronic near miss log. The data from the incidents would be collated and any risks and trends would be identified and shared with the pharmacy team regularly. The pharmacy had a scanning system for the dispensing process where the computers would not generate labels if the dispenser picked and scanned items which did not match the prescription. People were able to raise complaints with the pharmacy by calling them and in writing. Details of how to do this were supplied to the care and nursing homes and were available online on the company's website.

The pharmacy used an electronic responsible pharmacist record, and a valid Responsible Pharmacist notice was on display near the entrance of the pharmacy. Controlled drugs (CDs) registers were maintained, and the balance of CDs was checked every month. The maximum and minimum fridge temperatures were checked daily and recorded electronically.

Information governance training was mandatory for each member of the team and completed annually. Passwords to access the pharmacy IT systems were only known by staff and each member of staff had their own profiles online so their work could be audited. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal by an authorised contractor. Safeguarding training was also mandatory for all staff and this was completed regularly online. The pharmacist had completed level 2 safeguarding training, and the team held the details of the local safeguarding authorities electronically should they be required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages its workload safely and effectively. Team members support one another, and they are comfortable about providing feedback, so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. During the inspection, there were two pharmacists, one of whom was the superintendent, one accredited checking technician (ACT) and six dispensers. All the staff had completed accredited training. The pharmacy team used Buttercups training modules. The SOPs defined the staff roles which may work under the SOP. Staff were observed working well together during the inspection and following the SOPs. Staff received feedback during their appraisals which were held annually on a one-to-one basis.

Regular team meetings were used to communicate current issues and to provide updates. The pharmacy had an open culture, where staff were able to contribute ideas or raise issues, and there was a company whistleblowing policy in place which all staff members were aware of. The superintendent gave an example of a new member of staff suggesting a new way for the pharmacy to handle opened packs of medicines which could be more efficient. The superintendent allowed for the changes to happen and the team were in the process of trialling it to see if it was beneficial.

Team members were able to work within their own professional judgements and staff were empowered to ask questions and make changes as needed for the benefit of people using their services. The staff stated that there were no financial incentives in place within the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are generally organised. And they are sufficiently clean and secure.

### Inspector's evidence

The pharmacy was based in a warehouse unit on an industrial estate and included a large dispensary with a small room in the front of the building for medicines returned from the homes. The pharmacy had an area in the dispensary dedicated for the preparation of multicompartiment compliance aids. Upstairs were staff areas including an office and a kitchen. However, some returned medicines were seen to be stored in the office. The dispensary fixtures and fittings were fit for purpose, and the pharmacy was well-presented, bright and airy. There was plenty of space for the staff to work while observing social distancing.

Access to the pharmacy was restricted to pharmacy staff only and the pharmacy was locked and alarmed when closed. Cleaning was completed daily and there was a rota in place showing the different cleaning tasks the staff members would carry out. The pharmacy was cleaned more regularly due to the COVID-19 pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and makes them accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources and generally stores its medicines properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy assists care homes in managing their medicines safely by ensuring they receive medicines when required and that they do not have excessive stocks of medicines. The pharmacy also provides training to care home teams so that they are able to administer medicines safely to patients and ensure that they store medicines safely.

The pharmacy computer system, Titan, allowed the team to track prescriptions around the pharmacy and know which stage each prescription was at. Any messages or notes could also be placed on the records so that the messages were passed around from the clinical checking stage right through to the accuracy checking stage. Audit trails on the system meant that it was easy to identify who had changed anything or left messages. Once a prescription was prepared, QR codes were generated on the labels which when scanned, would bring up all the prescription details. The labels would change once a prescription had been fully checked and was ready to be delivered. The pharmacy offered care homes the eMAR system which allowed both the pharmacy and the care home to monitor the administration of medicines in real time.

Medicines were delivered daily to various local care homes and the team used a full audit trail for the delivery of the medicines. It allowed them to locate which delivery tote each prescription item was in and this was useful when the care homes couldn't find medicines. The pharmacy team would take images of tote boxes when packed so that they also had a visual image of each item in the box. If there were any queries with the medicines, the pharmacy could be contacted for clarification.

The pharmacy was open five days a week throughout the year and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required. The pharmacy was able to produce large print labels for people with poor sight and were able to access translation services. The drivers wore PPE and maintained social distancing when delivering medicines.

There were clear working processes and work would be prioritised on their computer systems, and tasks were allocated to different staff members. All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate cards and leaflets were available for use during dispensing of valproates to all people in the at-risk group. The responsible pharmacist explained they had patients in the at-risk group who had been prescribed valproates, but they were monitored and extra safeguards had been put in place to protect them.

The pharmacy sourced stock from various licensed suppliers and direct from some manufacturers. Medicines were stored appropriately. However, the pharmacy needs to ensure all returned medicines

are segregated promptly and not left without labels to prevent them being mixed up with stock suitable for dispensing. The pharmacy had a suitable waste contract in place. Hazardous waste and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy regularly and any follow-up action was taken as necessary. There was an audit trail for the recall notices showing the actions that were taken. The notices were printed off and held in a file with the audit trail. Expiry date checks were undertaken on a rolling basis.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children and other reputable information sources and texts. Internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including CD cupboards and a fridge. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers.

### 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.