

Registered pharmacy inspection report

Pharmacy Name: Pharmacyspace, 5 Bessemer Crescent, Rabans Lane
Industrial Area, AYLESBURY, Buckinghamshire, HP19 8TF

Pharmacy reference: 1106232

Type of pharmacy: Community

Date of inspection: 27/06/2022

Pharmacy context

This is a pharmacy that is closed to the public and provides services at a distance. It is located on an industrial estate in Aylesbury, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It offers a delivery service, supplies medicines to care homes and inside multi-compartment compliance packs if people find it difficult to take their medicines on 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 has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team deal with their mistakes responsibly and they understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And it maintains its records as it should.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to provide its team with guidance. The SOPs had been reviewed in 2019, they were in the process of being updated and the staff had read as well as signed them. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. There were also Service Level Agreements in place with the care homes to define the working relationships between them.

The pharmacy had processes in place to manage and learn from its mistakes. Members of the pharmacy team recorded their near miss errors. They were reviewed every month; discussions were held about them, and the pharmacy's internal processes were subsequently amended to make things safer. The responsible pharmacist (RP) handled incidents and his process involved checking relevant details, identifying the root cause and ways to minimise this re-occurring in future. Incident reports were completed, and details submitted to the National Reporting and Learning System (NRLS).

The pharmacy team ensured people's confidential information was protected. Confidential waste was separated and collected by an authorised carrier. The pharmacy's computer systems were password protected and staff had signed confidentiality statements. Team members could also safeguard vulnerable people and they were trained as dementia friends. There was an SOP in place to provide guidance and information as well as contact details of the local safeguarding agencies. The RP had been trained to level two on this through the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), records of emergency supplies, records of unlicensed medicines, records of supplies made against private prescriptions and the RP record. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after February 2023. Records of CDs that had been returned by people and destroyed at the pharmacy had been maintained and records verifying that fridge temperatures had remained within the required range had been completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to suitably manage its workload. Members of the pharmacy team have completed the required training for their roles. And they are provided with suitable resources for their ongoing training. This helps keep the team's knowledge and skills up to date.

Inspector's evidence

The pharmacy's staffing profile consisted of the RP, who was also the superintendent pharmacist, three trained dispensing assistants and a delivery driver. The staff's certificates of qualifications obtained were verified at the last inspection. The pharmacy's workload had increased since the last inspection, but it was still manageable, and the team was up to date with this.

Team meetings took place regularly. Team members understood their roles and responsibilities. Staff could make suggestions and regular discussions took place. The RP was supportive and assisted the team to help improve their knowledge, they were provided with relevant literature and online resources to help with this. There were no formal targets in place to achieve services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy services are suitable to provide healthcare services. It is secure and kept appropriately clean.

Inspector's evidence

The pharmacy premises was a warehouse unit on the ground floor. It was made up of a medium sized dispensary, a separate small kitchenette or staff area and an office to one side. The unit was clean although somewhat cluttered. Most of this was work in progress. The pharmacy was sufficiently ventilated and suitably bright. The ambient temperature was appropriate. And there was enough space available to store medicines, to assemble multi-compartment compliance packs for care homes as well as for people in the community.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, it stores and manages them well. And it keeps the appropriate records to verify how its services are being run. But team members don't always record enough information about people who receive higher-risk medicines. This makes it difficult for them to show that they provide appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy was not open to members of the public. The pharmacy team counselled people or care home staff over the phone and printed information or leaflets were provided when required. The team could generate labels with a larger font size for people who were visually impaired. The pharmacy was closed on weekends, but the RP said that he provided advice or dealt with queries if required over this period. Team members spoke Russian and Bulgarian if needed for people whose first language was not English. The pharmacy also had a presence online with its own website (<https://www.pharmacyspace.co.uk/>). This was largely in line with the GPhC's 'Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet'.

The pharmacy's workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. Different members of staff were involved in the dispensing process. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy supplied numerous people's medicines inside compliance packs once the RP had assessed the situation. People ordered their own prescriptions for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight after they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. People's medicines were delivered to them, they were contacted first, and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy also supplied medicines to numerous care homes. Staff at the homes ordered their own prescriptions and once prescriptions were received by the pharmacy, processes and records were in place to help identify if any items were missing. Missing items or changes were queried, and records were kept verifying this. This included details of any advice provided. Medication Administration Records (MAR) and the pharmacy's system recorded details of allergies or sensitivities. PILs were routinely supplied and descriptions of medicines inside the compliance packs were provided. Interim or medicines required mid-cycle were supplied by the pharmacy. The RP checked references, liaised with the GP and provided advice or alternative formulations, if he was approached to provide advice regarding covert administration of medicines to care home residents. Details were documented and

retained to verify this.

The pharmacy supplied prescription-only medicines for aesthetics to prescribers for use in their clinics. This was against private prescriptions that were faxed to the pharmacy, with the original received by post or sent electronically through the pharmacy's website. The systems used for the latter were secure, encrypted and operated in line with the Regulations for receiving electronic prescriptions. Prescriptions remained under the sole control of the prescriber. The RP explained that identification checks were made, prescribers were required to register on their website and created accounts, the pharmacy only supplied these medicines to prescribers in the UK and used a courier to deliver the medicines. Appropriate records had been maintained to demonstrate this.

Staff were aware of risks associated with valproates and they had identified people at risk, who had been supplied this medicine in the past. People were counselled accordingly, and educational material could be provided upon supply. The team routinely identified people prescribed higher-risk medicines and relevant parameters such as blood test results were asked about. The RP had also placed specific information on display about this to help prompt and remind staff. But the details obtained were not always recorded.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and Sigma to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. The pharmacy had also complied with the conditions imposed at the last inspection. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. The pharmacy held a waste license that enabled transportation of waste. Drug alerts were received by email and actioned appropriately. Records were kept verifying this. They were also passed to staff at the care homes to ensure affected stock was removed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment is kept clean.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources as well as access to online resources, counting triangles, a clean, standardised conical measure for liquid medicines, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The sink used to reconstitute medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were password protected.

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.